THE LANCET.

VOL. II.] LONDON, SATURDAY, MAY 11, 1833. [1832-33.

CLINICAL LECTURES ON SURGERY,

DELIVERED AT THE

HOTEL DIEU, PARIS,

BY

M. LE BARON DUPUYTREN,

During the present Session, 1833.

[Revised (before translation) by the Baron himself in the fasciculi of his "Lecons Orales de Clinique Chirurgicale," published periodically by G. Baillière, Paris.]

FUNGUS HÆMATODES.

THE erectile tissue does not always present itself in the simple state described in the last lecture, being often mingled with cancerous matter. To this combination it is that I apply the term fungus hæmatodes. Sometimes the cancerous matter predominates; sometimes, on the contrary, it is the erectile tissue. This difference in the proportion of the two elements is far from being a subtlety of description, or of trivial importance respecting the treatment, for, according to the predominance of one or other of these structures, the disease will have a different termination. If it be the erectile tissue which is in excess, complete ablation will almost assuredly effect a cure. If, on the other hand, the scirrhous structure be in greater proportion, its degeneration is the more sudden, a relapse more liable to occur, and extirpation will be far from procuring favourable results.

Fungus hæmatodes is in some cases situated at the bottom of a cyst of variable size, and sometimes filled with a large quantity of serum, which renders deceitful the first aspect of the part affected.

CASES 1 and 2.—*Tumours in the substance of the Left Breast.—Fungus Hæmatodes.—Extirpation.*

A young woman, above twenty, affected with a tumour in the substance of the left breast, entered the Hôtel Dieu early in August, 1829: she attributed the disease to the strong pressure to which the part had been subjected two years before. The tumour was as large as a clenched hand, was painful, and presented marked fluctuation, but the superincumbent integuments were sound. M. Breschet having plunged a bistoury into the wound, a considerable quantity of blood escaped.

The hemorrhage recurred twice in 48 hours, when it was arrested by means of agaric and compression. On the 7th of August the agaric fell off, and the edges of the wound were seen gaping, and giving issue to a bleeding voluminous fungus. On the 8th of August, a crucial incision was made over the tumour, and when this was laid bare, the finger was introduced between it and the surrounding parts. It was then found that the tumour was contained in a cyst intimately adherent to the adjacent parts, the tumour itself being readily separable from the containing cyst. The interior of the sac was carefully examined, and found to be free from disease. The point of the cyst from which the fungus seemed to arise, was extirpated altogether. Its interior was then filled with charpie and a light retaining bandage. This was all with a view to cause the suppuration and adhesion of the parietes of the cyst.

The separated tumour was of the size of the clenched hand, composed of a substance like brain, but of much greater consistence, and traversed throughout by an innumerable quantity of tangled vessels. An abundant and dense cellular tissue, almost fibrous in certain points, contained the various elements of the tumour, which, after its ablation, assumed a pale colour, forming a striking contrast to its redness before the operation.*

In a second case, a female residing in Paris was affected with a rather voluminous tumour in the substance of the breast. On the supposition of its being scirrhous, the operation was recommended. The first stroke of the bistoury, however, gave

* All further details respecting this interesting case, are unaccountably omitted by the French Reporters.—ED. L.

issue to an enormous discharge of transparent serosity, which showed the error of the first diagnosis, and seemed to indicate that the swelling was formed by an hydatid cyst. The serosity being all discharged, a simple dressing was applied, but in a few moments an abundant hemorrhage took place. The dressing was immediately removed, the opening enlarged, and, on closer examination, a bleeding tumour, composed of erectile tissue and cancerous matter, in other words a true fungus hæmatodes, was discovered at the bottom of a serous cyst of rather ample size. The tumour was at once extirpated, but, it seemed, not completely, for in some days after, another hemorrhage occurred through the wound made in the operation. The opening was accordingly again enlarged, and all the diseased points in the depth of the sac were completely removed. After this there was no further hemorrhage, and the wound healed without interruption. The patient, who has perfectly recovered, has since suckled several children, and continues to enjoy good health.

Remarks.

The cysts in which fungi of this kind are sometimes developed, are externally fibrous and cellular, and adherent to the surrounding tissues; internally they are completely serous, and hence the secretion already mentioned. Sometimes it is from a single point of the cyst the fungus arises, and to this alone it adheres. Under other circumstances, it adheres in almost its entire extent to the internal surface of the cyst, which itself is intimately united with the parts in the midst of which it is developed. In this case the cyst is fibro-cellular, or entirely fibrous.

Placed beneath the skin at a greater or less depth, and without affecting or altering this membrane in the least, the fungus hæmatodes may readily lead the surgeon astray. It sometimes offers the insidious character of a manifest fluctuation, and when we open the supposed abscess, instead of pus, we see a discharge of blood, or of a reddish humour, which is sooner or later succeeded by a bleeding fungus. It is an affection rarely or never seen, except in young subjects or adults. Sometimes after blows or external violence of various kinds, or after rheumatic or gouty swellings. In the place which is to become the seat of the disease, there occurs a painful tumour, the skin being sometimes red, violet, and still oftener colourless. Pulsations are soon perceived, at first deep-seated, isochronous with the beatings of the heart, and giving no "bruit." Now and then they are accompanied with a movement of general expansion, especially when the disease is of long standing. These pulsations cease completely when the artery is compressed between the tumour and the heart. The finger now perceives in some parts of the tumour a "bruit" or thrill, like that produced by the friction of dry parchment. In other points the finger penetrates to a sufficient depth without meeting any resistance. All this pulsation, which resembles the aneurismal closely enough, depends on the expansion and contraction of the little arteries which proceed to the diseased part.

Case 3.—*Fungus Hæmatodes of the Right Leg.—Trial of Compression.—Ligature of the Crural Artery.—Return of the Disease in Seven Years.—Amputation.—Recovery.—Examination of the Limb.*

Fungus hæmatodes is a very serious disease, which can only be cured by extirpation, where that is possible, or by amputation. One of the elements which enters into its composition, the erectile tissue, may readily, under certain circumstances, be modified favourably, by the ligature of the arteries whose ramifications keep up its circulation. But the other element (the scirrhous cancerous encephaloid) forms a powerful obstacle to the success of this mode of treatment. Nevertheless the ligature of the artery may considerably retard the progress of the disease towards complete degeneration, and, consequently, prolong, and render supportable, the life of the patient.

I have seen this employed with great advantage in the following case. R * *, ætat. 39, pale, thin, and tall, without any previous disease, except a tinea of some years' duration, was at 32 affected by a tumour which developed itself at the inner and upper part of the right tibia beneath the knee-joint. On placing the hand on this swelling pulsations were perceived, synchronous with those of the heart. On his admission to the Hôtel Dieu, in 1819, (the tumour having been previously treated with cataplasms, leeches, and a blister, without any relief,) the tumour occupied the superior external and anterior part of the leg, being about as long as the palm of the hand, not circumscribed, the investing skin red, the pulsation ceasing on the compression of the crural artery. On the idea that the tumour was produced by a dilatation of the capillary vessels, and perhaps also by a commencing alteration of the soft parts of the bones, the treatment was commenced by the application of compresses steeped in Goulard's lotion, and the tourniquet was applied on the tract of the femoral artery. The vessel, how-

over, rolled away so from the pad that compression produced no effect, and by the 30th of March having done not the least good, it was determined to tie the crural artery, an operation which was effected in the usual manner on the 16th of March. Next morning the tumour was free from pulsation, diminished in size, and the limb regained all its sensibility and mobility. The thirteenth day the ligature fell off, and next day some pulsation was perceived in the tumour, and that night hemorrhage occurred to the amount of two cupfuls. This was arrested by the circular compress applied by the patient himself. A second hemorrhage took place on the twenty-second day, and was again checked by the coolness and courage of the patient. To be brief, he left the Hôtel Dieu on the 30th April, with only a slight trace of tumefaction, free, however, from any pulsation. He had regained some strength and plumpness, and the limb had resumed its normal size.

Seven years after this operation the disease began to resume its progress. The 1st August, 1826, the patient again entered the Hôtel Dieu; there then existed at the upper part of the right leg a tumour which extended from the junction of the substance and condyles of the femurs to that of the upper and middle thirds of the leg. This tumour was much more voluminous before than behind; the veins creeping beneath the skin were much dilated—the skin itself fine, and threatening to break in various points. The circumference of the tumour was thirty-two inches, the flexion of the knee impossible. The general health was good, though the patient was thin, pale, and even of a slightly yellow tint.

On the 5th August amputation was performed; this being the only chance of cure remaining for the patient. The operation was performed in the usual manner, a vast number of vessels bled, and twenty-four ligatures were at once applied. After being put to bed, another artery even required to be tied. It is unnecessary to pursue the details of the treatment of the stump, or to narrate the consecutive symptoms, which did not differ from those in ordinary cases. Suffice it to say, that on the 25th day after the operation, he was discharged with the stump nearly healed, and in a satisfactory state of general health.

The removed limb was carefully dissected, and a model of it in wax placed in the anatomical museum of the School of Medicine. In its greatest circumference the tumour was thirty-two inches, viewed externally before dissection, the amputated limb presented an enormous volume formed by the extraordinary development of the superior extremity of the tibia. The rotula hidden in the substance of the engorged and indurated tissues did not appear increased in size; immediately beneath it commenced the tumour, presenting anteriorly in the most prominent part one or two softened points, where the osseous tissue which seemed to form the shell, allowed the pulsations to be felt during life, pulsations doubtless produced by greatly enlarged vessels, or by the shock these communicated to the body of the tumour. The two inferior thirds of the leg were sound, though the adipose tissue seemed more abundant than usual. The part of the same limb above the rotula was in the same state. The projecting and softened points above mentioned after the separation of the limb became collapsed and flaccid, and presented manifest fluctuation. Here and there the thin, extended, and shining skin showed blueish lines. Anteriorly it appeared ready to break, posteriorly it was separated from the subjacent parts by abundant and slightly infiltrated adipose tissue.

At the part where the tumour ceased inferiorly, the skin abruptly resumed its natural aspect. The subcutaneous cellular tissue was scanty anteriorly, where the tumour was entirely osseous. It here contained no fat, but behind, between the gemelli muscles and the lower extremity of the flexor muscles of the leg, there was a moderately thick layer of fluid and whitish fat. The muscles of the thigh cut across at about their lowest quarter, were in the natural state, and had experienced no alteration, whether in their colour or their density; they were surrounded by a great quantity of adipose cellular tissue. The gemelli muscles were pale, soft, and thin, especially the parts of them corresponding with the external and anterior part of the leg. The popliteal artery was of the ordinary size, but was ossified in several points. The articular arteries seemed very small. The anterior tibial recurrent was, on the contrary, very voluminous, as well as the whole of the arteries corresponding with the upper part of the tibia, numerous branches being directed towards and penetrating this bone. Lower down the arteries resumed their normal state. The venous system of the diseased limb was much increased. The deep-seated veins were nearly doubled in size. The internal saphena was as large as the little-finger, and although very flexuous, not having the nodosities remarked in varicose vessels. In fact there seemed to be no morbid alteration of the veins, solely an increase of size, enormous vessels, which, in the natural state, were

m twigs, springing from the entire extent, and the substance of the tumour enveloping it in their windings, and proceeding to the inner side of the knee, where they united in a common trunk. The great sciatic nerve was quite healthy to the posterior part of the joint, and contained in its substance a moderately large branch of the ischiatic artery. It was more voluminous than was natural. At the point of its bifurcation the neurilema was lifted up by the infiltration from the surrounding cellular tissue, which seemed to be united with the nerve, which here was in a state of incipient, lardaceous, degeneration. The lateral ligaments, prodigiously thinned, were converted into absolute membranes. The inner surface of the tibia had commenced to become carcinomatous. The posterior ligament retained the fluids contained in the articulation, and thus formed a tumour of an inch and a half in projection. Elsewhere the ligaments were in the same state as in white swellings.

The inferior extremity of the femur was of ordinary size, but its tissue was softened, and readily cut with the scalpel. A section made perpendicularly to the axis of the leg, displayed the tissue of the bone in an advanced state of ramollissement, but also not increased in size.

The tibia was immensely developed, and as if inflated at its upper extremity. Sawed open in a direction perpendicular to the median line, and the interior of the tumour thus laid open, it was divided into compartments like a pomegranate. The largest and most anterior of these cells was filled with a matter like gelatine. The parietes of the cavity were lined by a highly developed vascular net-work. Some of the other cells contained gelatinous matter like that in the first; others contained a yellowish, others a blackish, fluid, the apparent result of a putrid solution and carcinomatous degeneration of the parts. Lastly, some of the cells were filled with albuminous layers formed by coagulated blood in old aneurismal tumours. The cartilages, which were almost intact, were separated from the osseous surfaces, and were moveable among the surrounding destruction.

[Two additional cases were here described, but they are so closely similar to that now given in detail, that their insertion is unnecessary. Amputation was performed in both cases. In the first the patient sunk in a few days; in the second the operation was successful.]

Fungus hæmatodes, to which a crowd of names has been applied — such as spongy inflammation, pulpy medullary sarcoma, sanguine or vascular sarcoma, &c., is, from its component elements, a very dangerous affection. The ligature of the principal trunk may, where the cancerous matter is not predominant, retard the progress of the malady towards complete degeneration. This proceeding, however, cannot be compared to extirpation. The perfect ablation is then the only true chance of success presented to us in the treatment of this disease. Often, nevertheless, the disease recurs, although no suspected part has been left behind, as in the majority of the amputated cases. In these cases we must admit that the malady depends on an internal cause. We must not forget, too, when performing our operations, that the smallest portion of the fungus left behind, suffices for the reproduction of the disease. An English surgeon once having amputated the thigh for a similar tumour, perceived a small prolongation towards the inner part of the stump. He thought, however, that the inflammation and suppuration would destroy it. His error was fatal to the patient. The tumour having extended, vain attempts were made to extirpate it. Amputation was again performed, and the wound healed, but the patient died of exhaustion soon after. In concluding this lecture, we should not forget to remark that carcinomata of the eye, or of other parts, where a multitude of veins and sanguineous cells have been founded, are often confounded with fungus hæmatodes. These tumours have, however, no analogy beyond the discharge of blood when they are cut into, or when they open spontaneously. There is, in fact, not only a specific, but a natural difference between them.

REMARKS ON THE INFLUENZA, OR CATARRHAL EPIDEMIC OF 1833.

By ROBERT VENABLES, *M.B., &c.*

THE disorder which has been prevailing, and still continues to prevail, so extensively among the inhabitants of the metropolis and surrounding neighbourhood, has given rise to much speculation, as to whether or not it be only the precursor of some more pestiferous disease. The apprehensions upon this subject have not been much allayed by the greater severity of form, or the occasionally more fatal character, lately assumed by this affection. It may possibly, however, prove more generally advantageous to inquire into the nature and circumstances of the epidemic itself, than to indulge in vain and unfounded speculations upon the kind

or form of the malady of which it is the precursor, and to which it is shortly about to give place.

When this disorder made its first appearance, it began with severe symptoms, such as usually precede an exanthema. The patient experienced chills, alternating with flushes of heat; severe pains in the head, back, and extremities; suffusion of the countenance, particularly of the eyes, which looked dull and languid. The flow of tears from the eyes, and the secretion from the mucous lining of the nostrils, were much increased. The pulse was frequent, quick, and soft, with a feeling of great languor and animal depression. These symptoms were speedily followed by cough, in some instances very severe and harassing. The cough, however, seemed to arise from a dry and irritable condition of the larynx, for it was not attended by either painful or difficult respiration, although, as in all febrile affections, the respiration was generally hurried. On inspection, the larynx presented an arid, turgid, dull, red appearance, extending to the pharynx and back part of the fauces. There was usually considerable thirst, and these symptoms, after continuing from 36 to 48 hours, generally gave way, when a gradual remission of the febrile symptoms took place, and in about four days the patient became convalescent. In some cases something like a relapse, or else a new paroxysm, took place, in which case the disorder was protracted, and five or six days elapsed before convalescence was perfectly established.

In the above the lungs appear to have generally escaped, for there was no dyspnœa, no difficulty in making a full inspiration and retaining the breath, and little, if any, expectoration, which, when it occurred, was neither bloody nor frothy. Some little time since, however, the disorder changed its character, and the lungs have become affected. In a few instances, something like pleuritic or peripneumonic symptoms have shown themselves, but generally the symptoms have not indicated an inflammatory condition of the respiratory organs. The characters have been, cough of the hacking kind, dry, dyspnœa—that is, the breathing oppressed, not painful. The patient on attempting to make a full inspiration cannot effect it—not from pain, but an inability to enlarge the capacity of the thorax; he feels it compressed as if by a weight. This cannot be called laborious respiration, because, while this function is performed in the ordinary manner, little difficulty is experienced, for it is only on attempting to enlarge the capacity of the thorax beyond the usual limits, by a full inspiration, that the patient becomes sensible of the difficulty. The disease is still ushered in by the same train of febrile symptoms, but they are not quite so severe, nor do they partake so decidedly of the character of those which precede the eruption of exanthematous fevers. Neither are the febrile remissions so perfect, nor does the fever terminate so soon, or subside spontaneously, as in the earlier examples of this epidemic.

The disorder is now much more protracted; the cough is more severe, and continues much longer. At first it is dry, harsh, and shrill, then it becomes more ruttling, and the patient feels as if about to expectorate copiously, but nothing is brought up. There is a sense of "tightness, or of stuffing" in the chest, or a feeling of "soreness" extending from the clavicular extremity of the sternum to the ensiform cartilage. In some cases the soreness, often reaching the xiphoid cartilage, spreads across the epigastrium into both hypochondres.

The respiration is at first wheezing; afterwards it is attended with the mucous rattle; and about this period slight but difficult expectoration commences. The expectoration mostly consists of a thin frothy mucus; sometimes it is thicker, and assumes rather more of a purulent character. In some it is a tough, curdy, or cheesy-looking matter. If not checked, the disease advances, assumes a formidable character, especially in persons advanced in years, and at last proves fatal, instances of which, however, I have not seen myself, though I have heard of them.

In considering the phenomena of this disease, I shall not enter into vague or idle speculations upon the multiplicity and variety of causes from which, by ingenuity, it might be derived, but come at once to points of practical interest and utility. The leading phenomena show that the disorder is of a febrile character, and, therefore, the cause is probably a febrile constitution of the atmosphere. The first indications of the disease are all of them febrile manifestations, independent of any local affection; for the manifestations themselves are not only of an idiopathic character, inasmuch as they bear a strong analogy to the eruptive fevers of the exanthemata; but they precede all traces of a local affection. Farther, the severity of the local affection is by no means commensurate with that of the attending fever; add to which that on the full development of the local affection the febrile manifestations suffer a considerable remission. Hence, then, we may regard the local affection as the effect, not the cause, of the fever. Why the fever thus excited should exert its morbid in-

fluence upon the respiratory apparatus in preference to any other class of organs, perhaps admits of explanation upon the principle that spring is that season of the year in which the pulmonary tissues are rendered most susceptible of diseased action; and, hence, fever, originating from whatever source, will exert its morbid agency upon that structure which the period of the year more particularly disposes to take on a morbid condition. The next question is, what is the nature of the morbid condition? On the first appearance of the epidemic, so far as duration is concerned, it partook more of the character of an ephemeral fever, for it exhibited a very considerable but short-lived severity. At that period there was little or no evidence of any extensive or important organic change in the structures or tissues; consequently the remission of the fever was the solution of the disorder. But, at present, the spring being advanced, the pulmonary susceptibility is proportionably increased. Hence these organs are more extensively and more severely engaged; hence the febrile remissions are more imperfect and incomplete, and from the reciprocal reaction of the fever and the local, that is the pulmonary, affection upon each other, both are not only protracted, but aggravated, even to a fatal degree.

The morbid condition of the pulmonary structure seems to partake of the character of congestion, at least in the first instance, for the symptoms do not assume that acute degree of severity which characterises inflammation. I have had no opportunity of examining the morbid conditions after death, not having met with a fatal case; but all the phenomena, and all explorations, infer this condition, at least in the less advanced stages. Such then being the leading facts in the history, it now remains to inquire what should be the medical treatment.

The great depression, or prostration, as it has been termed, of strength, which supervenes on the solution of the disease in the earlier instances of the epidemic, seems to have deterred practitioners from antiphlogistic measures, and to have proscribed the use of the lancet entirely. Where the excitement was moderate, the lancet certainly was unnecessary; but such instances manifested little or none of that prostration which has created alarm. Where the excitement rose highest, in proportion to the duration the prostration was generally the greatest. This applies to the disorder at its first appearance, and in its more simple form. It is, therefore, highly probable, that the early use of the lancet, by moderating excitement, would have prevented that prostration which created so much alarm. I have had a few opportunities of proving this principle, and I have not seen any instance of venesection followed by any marked degree of prostration. We should not lose sight of the fact, that the continuance of inordinate excitement is a far more depressing agent than a well-timed bloodletting, which relieves it. In robust and plethoric habits, I think there cannot be much occasion for deliberation; for an early bloodletting to an extent proportioned to the urgency of the circumstances, will be found not only to moderate, but greatly to modify, the morbid conditions, and even speedily extinguish the diseased actions. Nor should it be lost sight of, that prolonged excitement induces real and permanent debility, by involving not only the functions, but the structure, of important organs in the morbid concatenation, whereas a moderate bloodletting (unless, indeed, most grossly misapplied) can only produce a temporary exhaustion of the strength, which the powers of the constitution will speedily renovate.

But whatever may have been the objections to moderate bloodletting at the commencement of the epidemic, there can be little doubt of the propriety of the practice under its present form. There can be little question that the vascular structure of the lungs becomes engaged at an earlier period, and that the condition of these organs speedily deviates from that of health. An early bloodletting, therefore, of moderate, but proportioned, extent, will tend greatly to prevent pulmonic congestions, and will thus contribute much to shorten the duration of the disease. A slight mercurial influence will now fully establish the cure. I have not seen any cases protracted beyond five or six days, where the mercurial influence has been induced; and most of the cases become convalescent, under these circumstances, in from thirty-six to forty-eight hours. What I have found to answer best is, one part of the true James's powder, two of calomel, three of Dover's powder, made into pills, with a sufficient quantity of extract of hyosciamus, so that the patient may take about two or three grains of calomel every one, two, or three hours, according to circumstances. If there be much fever, with considerable constitutional excitement, a saline draught, with six to ten minims of the acetum colchici every five or six hours, speedily reduces it.

The cough does not appear to require any special attention, as it gives way upon the relief of the other symptoms. Nor, indeed, do any of the other accessory symptoms seem to require any especial notice, for they all give way upon the relief of

the primary affection. Should they, however, prove obstinate, then they must be regarded as more independent affections, and the treatment of them as such, does not properly come within the scope of these observations, nor would the limits necessary to this paper permit its introduction.

Of course it is unnecessary to remind practitioners, that the state of the bowels, skin, &c., should receive the usual attention, and any deviation from the healthy condition should be duly attended to. Upon the whole, I think that they who will give the plan of treatment here recommended a fair trial, will have but little occasion to be dissatisfied with the results of their practice.

London, May 3rd, 1833.

LITHOTRIPSY.

CASE OF STONE CURED IN ONE SITTING.

By Wm. B. Costello, *Esq.*

When lithotrity was first introduced into England, it was predicted, that in consequence of its adoption in mild cases, the severe cases of stone in the bladder would become less and less frequent, and that in proportion as persons suffering from this disease made early application for relief, would the operation of lithotrity itself be light, rapid, and comparatively painless. This prediction begins to be fulfilled.

The week before last, a gentleman came to me from Essex, who was all impatience to be relieved from a small stone, which he had had in his bladder for, he believed, a few months. He considered every day that he delayed having the operation performed, was adding to the improbability of ultimate cure. He talked of inflammation setting in, of the stone augmenting in size, of the bladder thickening; in a word, from reading on the subject, his imagination was haunted with the dread of those morbid changes which sometimes mar the operation of lithotrity, and which are induced by the sojourn of the stone in the bladder for a considerable number of years. When he came to London, I was suffering from an attack of the influenza, and confined to my bed. But this was not a sufficient excuse with him for a postponement of the operation, even for a few days. He was miserable in mind and body, and said that he *must* see me. At last I received him in my bed-room, when he described his case, and finished by urgently requesting that I would rise, put on my dressing-gown, and allow him to take my place on the bed, that the operation might be immediately performed on him. In vain did I appeal to my state of debility as a reason for a few days delay. "I had merely," he said, "to introduce the instrument, find his foe, and crush it. He was sure that I could do it in three minutes, and he could then return home happy."

I could no longer resist his entreaties, and although it seemed almost ludicrous to undertake the operation under such circumstances, I consented. I dressed myself while he undressed, and we changed places. The injection of the bladder, the introduction of a small slide percussor, the seizing and crushing of the stone, which was small, did not occupy three minutes. When held in the instrument, it measured somewhat more than half an inch in diameter. I had the satisfaction of seeing him void a large portion of it before he left the room. On the next day he felt assured that the entire stone had been voided, and I examined him again before he left town, and could discover no remaining portion. Since his return home he has written to me to say that he is perfectly free from his complaint.

7, Parliament Street, Westminster,
May 1st, 1833.

SUBSTANCES IN THE AUDITORY PASSAGES.

To the Editor of The Lancet.

Sir,—About thirteen years ago, Mr. Henry Earle presented a paper to the *Medico-Chirurgical Society*, giving the case of Mr. Farr, who, according to Mr. Earle's account, was cured by a mode of practice which he, Mr. Earle, had adopted. The disease was "occasional inflammation of the external ear, accompanied with heat, excoriation, and a copious thin discharge from the passage, which affected his hearing, more or less, for several weeks, but left no permanent deafness behind." Mr. Earle "dilated the passage with a little instrument which he had constructed for the purpose of examining the external meatus," and then applied a *strong* solution of nitrate of silver, until he had detached and brought away the whole cuticular lining of the meatus externus, together with that portion of it which is reflected over the membrana tympani; and this treatment Mr. Earle claimed, apparently, as an original idea of his own, and so reported it to the Society; but the fact is, that it was not a method of treatment originating with Mr. Earle; for Mr. Ste-

venson had adopted the same method for a considerable period previously, so frequently, and at the same time so unsuccessfully, that up to the time Mr. Earle wrote, I had had at least one hundred patients to whom it had been applied by Mr. Stevenson, without producing the least advantage. In a work I published in 1820, I condemned the practice, not only as useless, but as being likely to make the patient, eventually, incurable. The case of the Duke of Wellington, who had been attended by Mr. Stevenson, fully proved the justice of my remarks, and the method adopted by me restored his Grace's right ear to such a perfect state, that he scarcely feels the loss of the function of his left ear, the sense of hearing in which is utterly destroyed.

It is a subject of regret, that Mr. Henry Earle did not use the "little instrument which he had constructed for examining the external meatus," in the case of the poor child Thomas Brady, who, according to the report in your 380th Number, p. 380, was operated on in St. Bartholomew's Hospital, and eventually lost his life, by the endeavours of Mr. Earle to extract a nail from the ear, which the most careful post-mortem examination even into the cochlea, semicircular canals, vestibule, and mastoid cells, failed to discover!!!

Great allowance should be made for the difficulty of keeping the head of a child quiet, especially after he had had the pain of a probe in his ear; but I never found a child, or adult, whom I could not, by the exercise of a little patience, induce to sit perfectly still, so as to allow me to inspect the meatus most completely, for as my method gives no pain, I encounter none of the difficulty which, as I learn, attends other modes of examination. * * * * +

I am, Sir, your obedient servant,
W. Wright, Surg. Aurist.

18, Sackville-Street, Piccadilly,
April 29, 1833.

Dry Cupping.—A lady of rank, living near Dublin, was occasionally attacked by violent determination of blood to the bed, and each of the paroxysms was sure before it ended to induce a violent propensity to suicide. This congestion and propensity were afterwards removed, or rather prevented, by the timely application of dry cupping as soon as the well-known premonitory symptoms of the paroxysm appeared.—*Dr. Graves, Dub. Jour.*

+ The insertion of the concluding paragraph would subject us to an action for libel.—Ed. L.

PROTO-IODURET OF MERCURY IN SECONDARY SYPHILIS.

To the Editor of The Lancet.

Sir,—The following account of the effects of the proto-ioduret of mercury in secondary syphilis, may induce English practitioners to give this valuable remedy a trial. I am, Sir, your obedient servant,

C. F.

M. Biett was one of the first who gave the proto-ioduret a trial in diseases of the skin and in secondary symptoms. The original idea belonged to Professor Odier, of Geneva. Only three cases out of 150 resisted this mode of treatment; yet they had proved rebellious to every other means, although sedulously employed. It has been successful in very old, inveterate cases, where the dermoid, mucous, and osseous systems, were simultaneously involved. In the case of Alphonso C., ætat. 70, the disease was of very old standing, and returned several times, with different symptoms. He had grey jagged ulcers, with bands running across them, and callous edges; the os frontis carious, with a deep fissure to the right orbit. This man tried the proto-ioduret as a last resource. We were astonished to perceive at the end of six weeks, that the ulcers lost their grey colour and callous edges, and cicatrized, although irregularly, still solidly. The fissure so healed, that it was impossible to say that exfoliation of the os frontis existed. The success was not less remarkable in several other cases which had previously resisted the most skilfully-applied treatment.

A very remarkable case, attended by M. Biett and M. Miguel, was that of a man affected with a tubercular form; the entire body was covered. He denied ever having had primary symptoms. After using the *proto-ioduret* one month, the tubercles faded, leaving a slightly livid trace.

The dose may be one grain daily for thirty or forty days, or, in severe cases, four grains, where there is no irritability of the digestive organs. Sometimes a puffiness of the gums was observed, but never ptyalism. It should be continued for some days after the eruption disappears. No relapse occurred. Ulcers of the pharynx and velum palati quickly heal by its external application. M. Biett attended a woman, whose entire throat and velum palati was ulcerated and her tongue fissured. It resisted all other means, but yielded to the application of the proto-ioduret several

times a day to the parts. In this case deglutition, more especially of liquids, was extremely difficult. The following is the formula for its external use:—

℞ *Proto-iod. hydrargyri* ℈ij;
Thridace ʒss;
Extracti guiaci ʒj. *Pil. No.* 48.

Externally it is employed as follows:—

Mel. rosat. one part;
Proto-ioduret hydrarg. one-twelfth.

PREPARATION OF IODIC ACID.

To the Editor of THE LANCET.

SIR,—In your last Number, you hold out the prospect of considerable chemical reputation to those who will devise and point out a practical and economical mode of obtaining "iodic acid." However desirous myself of a high chemical reputation, yet being at present much engaged in other investigations, I cannot devote that attention to the subject which its importance demands. For the benefit of those, however, whose pursuits may lead that way, I beg to throw out the following hints:—

Iodine may be oxidated by deflagration with nitre, in which case an iodate of potass is formed; but perhaps the salt is more easily formed by dissolving iodine in potash lye. This solution, which is colourless, soon lets fall a white powder, which is iodate of potass mixed with a small proportion of *hydriodate of potass*. The latter salt is to be removed by digesting with alcohol, and thus dissolving out the hydriodate, the pure iodate remains. One hundred parts of water (according to Thompson), at 57° Fah., dissolve 7.43 of the iodate. Let distilled water be added till the iodate is dissolved. Precipitate the iodic acid by some soluble salt of barytes—acetate, muriate, or nitrate, will answer—added in excess. Filter and wash the precipitated iodate of barytes with warm distilled water. When everything soluble has been washed through, separate the barytes by digesting the iodate of barytes with the equivalent of sulphuric acid diluted with twice or thrice its volume of distilled water. The sulphuric acid unites with the barytes, leaving the iodic acid in solution. By filtration the sulphate of barytes is separated, and the iodic acid may be obtained pure by the evaporation of the filtered solution.

This process I consider preferable (and more economical) to decomposing the iodate of potass by sulphuric acid, and precipitating the sulphate of potass by means of alcohol. The process here recommended I have tried on a small, indeed a very limited, scale, and the results lead me to expect that they who will thoroughly examine the process, will find it answer the purpose, under such variations as more extensive trials may probably suggest.

In the mean time, as having contributed but in a trifling degree to the required object, I shall merely subscribe myself

Your obedient servant,

OUTIS.

April 27, 1833.

ANIMAL MAGNETISM.

Report of the Experiments on Animal Magnetism, made by a Medical Committee of the Royal Academy of Sciences, Paris, and read at the Meetings of June 21st and 28th, 1831. Translated, and now for the first time published; with an Introduction and Appendix. By J. C. COLQUHOUN, Esq.

(Concluded from page 183.)

A FEW pages from the extract with which our notice of this work was closed last week, the following interesting announcement is made to the Academy by the committee:—

"The questions relating to somnambulism exhibit, it is true, some most interesting phenomena, but in point of real interest, and in the hope of benefiting the science of medicine, are infinitely beneath those with which your committee are now about to make you acquainted."

Previous, however, to placing those facts before our readers, we shall quote, at length, the case before alluded to as having been reported by M. Jules Cloquet to the Academy. The Committee observe—

"You have all heard of a case, which, at the time, attracted the attention of the surgical section, and which was communicated to it at the meeting of the 16th April, 1829, by M. Jules Cloquet. Your committee have thought it their duty to notice it here, as affording one of the most unequivocal proofs of the power of the magnetic sleep. The case is that of a lady, P——, aged 64 years, residing in the street of St. Denis, No. 151, who consulted M. Cloquet, upon the 8th of April, 1829, on account of an ulcerated cancer

on the right breast of several years' standing, which was combined with a considerable swelling (*engorgement*) of the corresponding axillary ganglions. M. Chapelain, the ordinary physician attending this lady, who had magnetized her for some months, with the intention, as he said, of dissolving the swelling (*engorgement*) of the breast, had obtained no other result than that of producing a most profound sleep, during which all sensibility appeared to be annihilated, while the ideas retained all their clearness. He proposed to M. Cloquet to operate upon her while she was plunged in this magnetic sleep. The latter having deemed the operation indispensable, consented. The two previous evenings, this lady was magnetized several times by M. Chapelain, who, in her somnambulism, disposed her to submit to the operation,—who had even led her to converse about it with calmness, although, when awake, she rejected the idea with horror. Upon the day fixed on for the operation, M. Cloquet arriving at half-past ten in the morning, found the patient dressed and seated in an elbow-chair, in the attitude of a person enjoying a quiet natural sleep. She had returned about an hour before from mass, which she attended regularly at the same hour. Since her return, M. Chapelain had placed her in a state of magnetic sleep, and she talked with great calmness of the operation to which she was about to submit. Everything having been arranged for the operation, she undressed herself and sat down upon a chair. M. Chapelain supported the right arm, the left was permitted to hang down at the side of the body. M. Pailloux, house-pupil of the hospital of St. Louis, was employed to present the instruments, and to make the ligatures. A first incision, commencing at the arm-pit, was continued beyond the tumour as far as the internal surface of the breast. The second, commenced at the same point, separated the tumour from beneath, and was continued until it met the first. The swelled ganglions (*ganglions engorgés*) were dissected with precaution on account of their vicinity to the axillary artery, and the tumour was extirpated. The operation lasted from ten to twelve minutes. During all this time, the patient continued to converse quietly with the operator, and did not exhibit the slightest sign of sensibility. There was no motion of the limbs or of the features, no change in the respiration nor in the voice, no motion even in the pulse. The patient continued in the same state of automatic indifference and impassibility, in which she was some minutes before the operation. There was no occasion to hold, but only to support her. A ligature was applied to the lateral thoracic artery, which was open during the extraction of the ganglions; the wound was united by means of adhesive plaster, and dressed. The patient was put to bed while still in a state of somnambulism, in which she was left for forty-eight hours. An hour after the operation, there appeared a slight hemorrhage, which was attended with no consequence. The first dressing was taken off on the following Tuesday, the 14th—the wound was cleaned and dressed anew—the patient exhibited no sensibility nor pain—the pulse preserved its usual rate. After this dressing, M. Chapelain awakened the patient, whose somnambulic sleep had continued from an hour previous to the operation, that is to say, for two days. This lady did not appear to have any idea, any feeling, of what had passed in the interval; but upon being informed of the operation, and seeing her children around her, she experienced a very lively emotion, which the magnetizer checked by immediately setting her asleep.

"In these two cases, your committee perceived the most evident proof of the annihilation of sensibility during somnambulism; and we declare that, although we did not witness the last, we yet find it impressed with such a character of truth, it has been attested and repeated to us by so good an observer, who had communicated it to the surgical section, that we have no fear in presenting it to you as the most incontestable evidence of that state of torpor and insensibility which is produced by magnetism."*

The alleged power of seeing through the closed eyelids, is next minutely discussed by the Committee, and with amazement we peruse the statement of M. Andral on this subject, in contrast with the following details by men of such presumed veracity as MM. Bourdois, Ribes, and Husson, supported by the testimony

* "In M. Chardel's *Essai de Psychologie Physiologique*, to which the reader is referred, there will be found a number of additional curious particulars respecting this very extraordinary case. In a note (p. 261), M. Chardel also gives a short account of another case, in which a surgical operation was performed upon a somnambulist, in a similar state of insensibility.

"John ——, farmer, had an abscess in the internal and upper part of the thigh; the operation required prudence, as the crural artery crossed the tumour. Count B—— placed the patient in a state of magnetic somnambulism, and produced complete insensibility. The operation was performed in the house of the Juge de Paix of the Canton of Condom, department of Gers, in the presence of several distinguished persons, by Dr. Lar.., and is report in the Journal of Toulouse.—*Note of the Translator.*"

of other witnesses of less repute. M. Andral observed in one of his lectures on animal magnetism, published in No. 498 of this Journal, page 777:—"The commission have for six years sought for "proofs of the *clairvoyance*, in common with the other phenomena of "the magnetic ecstasy. The magnetizers had a deep interest at stake "in convincing this commission, and in "bringing forward their best proofs of "magnetic vision. But of all the proofs "which they have adduced, there is not "one which is not infinitely more romantic than those I have cited. This absence of facts is, in itself, a most important feature in the affair!"

Magnetism was performed on M. Petit, the tutor before named, with the view of producing this lucidity (*clairvoyance*) in him, as he was said to possess it during somnambulism. A decided failure occurred in some of the trials, "but," say the Committee—

"This faculty occurred in all its clearness in the following experiment, and upon this occasion the success entirely justified the expectations held out to us by M. Dupotet.

"M. Petit was magnetized on the 15th of March, 1826, at half-past eight in the evening, and set asleep in about one minute. The president of the committee, M. Bourdois, ascertained that the number of pulsations, since he was set asleep, diminished at the rate of 22 in a minute, and that there was even some irregularity in the pulse. M. Dupotet, after having put a bandage upon the eyes of the somnambulist, repeatedly directed towards him the points of his fingers, at the distance of about two feet. Immediately a violent contraction was perceived in the hands and arms towards which the action was directed. M. Dupotet having, in a similar manner, approximated his feet to those of M. Petit, always without contact, the latter quickly withdrew his. He complained of great pain and a burning heat in the limbs, towards which the action had been directed. M. Bourdois endeavoured to produce the same effects; and he succeeded, but less promptly, and in a more feeble degree. This point being established, we proceeded to ascertain the lucidity (*clairvoyance*) of the somnambulist. He having declared that he could not see with the bandage, it was taken off; but then we determined to assure ourselves that the eyelids were exactly closed. For this purpose, a candle was almost constantly held, during the experiments, before the eyes of M. Petit, at a distance of one or two inches, and several persons had their eyes continually fixed upon his. None of us could perceive the slightest separation of the eyelids. M. Ribes, indeed, remarked that their edges were superimposed so that the eyelashes crossed each other. We also examined the state of the eyes, which were forcibly opened without awakening the somnambulist; and we remarked that the pupil was turned downwards, and directed towards the great angle of the eye. After these preliminary observations, we proceeded to verify the phenomena of vision with the eyes closed. M. Ribes, member of the academy, presented a catalogue which he took from his pocket. The somnambulist, after some efforts which seemed to fatigue him, read very distinctly the words, "*Lavater. Il est bien difficile de connaître les hommes.* The last words were printed in very small characters. A passport was placed under his eyes; he recognised it, and called it a *passe-homme*. Some moments afterwards, a *port-d'armes* was substituted, which we all know to be in almost all respects similar to a passport, and the blank side of it was presented to him. M. Petit, at first could only recognise that it was of a particular figure, and very like the former. A few moments afterwards, he told us what it was, and read distinctly the words, '*De par le roi*,' and on the left, '*port-d'armes*.' Again, he was shown an open letter; he declared that he could not read it, as he did not understand English. In fact it was an English letter. M. Bourdois took from his pocket a snuff-box, upon which there was a cameo set in gold. At first the somnambulist could not see it distinctly; he said that the gold setting dazzled him. When the setting was covered with the fingers, he said that he saw the emblem of fidelity. When pressed to tell what this emblem was, he added, 'I see a dog, he is as if on his hind legs before an altar.' This, in fact, was what was represented. A closed letter was presented to him: he could not discover any of its contents. He only followed the directions of the lines with his finger: but he easily read the address, although it contained a pretty difficult name, 'To M. de Rockenstroh." All these experiments were extremely fatiguing to M. Petit. He was allowed to repose for an instant: then, as he was very fond of play, a game at cards was proposed for his relaxation. As much as the experiments of pure curiosity seemed to annoy him, with so much the more ease and dexterity did he perform whatever gave him pleasure, and this he

entered into of his own accord. One of the gentlemen present, M. Raynal, formerly inspector of the university, played a game at piquet with M. Petit and lost it. The latter handled his cards with the greatest dexterity, and without making any mistake. We attempted several times in vain to set him at fault, by taking away or changing some of his cards. He counted with surprising facility the points marked upon his adversary's marking card. During all this time, we never ceased to examine the eyes, and to hold a candle near them; and we always found them exactly closed. We remarked, however, that the ball of the eye seemed to move under the eyelids, and to follow the different motions of the hands. Finally, M. Bourdois declared that, according to all human probability, and as far as it was possible to judge by the senses, the eyelids were exactly closed. While M. Petit was engaged in a second game at piquet, M. Dupotet, upon the suggestion of M. Ribes, directed his hand, from behind, towards the patient's elbow, and the contraction previously observed again took place. Afterwards, upon the suggestion of M. Bourdois, he magnetized him from behind, and always at the distance of more than a foot, with the intention of awakening him. The keenness with which the somnambulist engaged in play, resisted this action, which, without awakening, seemed to annoy and disconcert him. He carried his hand several times to the back of his head, as if he suffered pain in that part. At length he fell into a state of somnolency, which seemed like a slight natural sleep; and some one having spoken to him when in this state, he awoke as if with a start. A few moments afterwards, M. Dupotet, always placed near him but at a certain distance, set him again to sleep, and we recommenced our experiments. M. Dupotet being desirous that not the slightest shadow of doubt should remain with regard to the nature of the physical influence exerted at will upon the somnambulist, proposed to place upon M. Petit as many bandages as we might think proper, and to operate upon him while in this state. In fact, we covered his face down to the nostrils with several neckloths; we stopped up with gloves the cavity formed by the prominence of the nose, and we covered the whole with a black handkerchief, which descended, in the form of a veil, as far as the neck. The attempts to excite the magnetic susceptibility, by operating at a distance in every way, were then renewed; and, invariably, the same motions were perceived in the parts towards which the hand or the foot was directed. After these new experiments, M. Dupotet having taken the bandages off M. Petit, played a game at *écarté* with him, in order to divert him. He played with the same facility as before, and continued successful. He became so eager at his game, that he remained insensible to the influence of M. Bourdois, who, while he was engaged in play, vainly attempted to operate upon him from behind, and to make him perform a command intimated merely by the will. After his game, the somnambulist rose, walked across the room, putting aside the chairs which he found in his way, and went to sit down apart, in order to take some repose at a distance from the inquisitive experimentalists, who had fatigued him. There, M. Dupotet awakened him at the distance of several feet; but it seemed that he was not completely awake, for some moments afterwards he again fell asleep, and it was necessary to make fresh efforts, in order to rouse him effectually. When awake, he said he had no recollection of anything that took place during his sleep. It is most certain that, if, as M. Bourdois has recorded apart in the *procés-verbal* of this sitting, 'the constant immobility of the eyelids and their edges superimposed so as that the eyelashes appeared to cross each other, are sufficient guarantees of the lucidity (*clairvoyance*) of this somnambulist, it was impossible to withhold, if not our belief, at least our astonishment at all that took place at this sitting, and not to be desirous of witnessing new experiments, in order to enable us to fix our opinion in regard to the existence and the value of animal magnetism.'

"The wish expressed upon this subject by our president was not long of being gratified by three somnambulists, who, besides this *clairvoyance* observed in the preceding case, presented proofs of an intuition, and of a prevision very remarkable, whether for themselves or for others."

These statements are of a character well calculated to startle not only sober men, but even those who are watchful for the marvellous, and ever eager to believe. If such things, however, be well attested, and the possibility of delusion on the part of the observers be diminished to the smallest point of which the mind is, under any circumstances, susceptible,—we can but listen and wonder, and await the future throes of time for the birth of facts which shall shine through the dark atmosphere into which we are thus plunged.

But now for the phenomena which are,

for interest and importance, to leave at an infinite distance behind, all those which have as yet been related. "Here," as the committee observe, "the sphere seems to enlarge."

"There is not one amongst you, gentlemen, who amidst all that he has been told about magnetism, has not heard of that faculty which certain somnambulists have, not only of discovering the species of disease with which they themselves are affected—the endurance and the issue of these diseases; but even the species, the endurance and the issue of the diseases of others with whom they are placed *en rapport*. The three following cases have appeared to us so important, that we have thought it our duty to make you acquainted with them at large, as affording most remarkable examples of this intuition and of this prevision; at the same time, you will find in them a combination of various phenomena which were not observed in the other magnetized persons."

Paralysis of the Left Side.—Failure of Cure in the Hospitals.—Trial of Animal Magnetism.—Relief from Deafness and Headachs.—Repetition of Magnetism, and Production of Somnambulism.—Prescriptions during Sleep for his Disease by the Patient himself.—Prediction of his Cure.—Treatment followed.—Partial Cure.—Repetition of Somnambulism.—Final Recovery.—Subsequent Somnambulism, and Vision with the Eyes closed.

"Paul Villagrand, student of law, born at Magnac Laval, (Upper Vienne,) on the 18th of May, 1803, suffered a stroke of apoplexy on the 25th of December, 1825, which was followed by paralysis of the whole left side of the body. After seventeen months of different modes of treatment, by acupuncture, a seton in the nape of the neck, twelve applications of moxa along the vertebral column—modes of treatment which he followed at home, at the Maison de Santé, and at the Hospice de Perfectionnement, and in the course of which he had two fresh attacks,—he was admitted into the Hôpital de la Charité on the 8th of April, 1827. Although he had experienced perceptible relief from the means employed before he entered this hospital, he still walked with crutches, being unable to support himself upon the left foot. The arm of the same side, indeed, could perform several motions; but Paul could not lift it to his head. He scarcely saw with his right eye, and was very hard of hearing with both ears. In this state he was intrusted to the care of our colleague, M. Fouquier, who besides the very evident paralysis, discovered in him the symptoms of hypertrophy of the heart.

"During five months, he administered to him the alcoholic extract of *nux vomica*, bled him from time to time, purged him, and applied blisters. The left arm recovered a little strength; the headachs, to which he was subject, disappeared; and his health continued stationary until the 29th of August, 1827, when he was magnetized for the first time by M. Foissac, by order and under the direction of M. Fouquier. At this first sitting, he experienced a sensation of general heat, then twitchings (*soubresauts*) of the tendons. He was astonished to find himself overcome by the desire of sleeping; he rubbed his eyes in order to get rid of it, made visible and ineffectual efforts to keep his eyelids open, and, at length, his head fell down upon his breast, and he fell asleep. From this period, his deafness and headachs disappeared. It was not until the ninth sitting that his sleep became profound; and at the tenth he answered, by inarticulate sounds, the questions which were addressed to him. At a later period he announced that he could not be cured but by means of magnetism, and he prescribed for himself a continuation of the pills composed of the extract of *nux vomica*, sinapisms, and baths of Bareges. Upon the 25th of September, your committee repaired to the Hôpital de la Charité, made the patient be undressed, and ascertained that the inferior left limb was manifestly thinner than the right,—that the right hand closed much more strongly than the left,—that the tongue, when drawn out of the mouth, was carried towards the right commissure,—and that the right cheek was more convex than the left.

"Paul was then magnetized, and soon placed in a state of somnambulism. He recapitulated what related to his treatment, and prescribed that, on that same day, a sinapism should be applied to each of his legs for an hour and a-half, that next day he should take a bath of Bareges; and that, upon coming out of the bath, sinapisms should be again applied during twelve hours without interruption, sometimes to one place, and sometimes to another; that, upon the following day, after having taken a second bath of Bareges, blood should be drawn from his right arm to the extent of a *palette* and a half. Finally, he added, that by following this treatment, he would be enabled, upon the 28th, i. e. three days afterwards, to walk without crutches on leaving the sitting, at which, he said, it would still be necessary to magnetise him. The treatment which he had prescribed was followed; and upon the day named, the 28th September, the com-

mittee repaired to the Hôpital de la Charité. Paul came, supported on his crutches, into the consulting-room, where he was magnetized as usual, and placed in a state of somnambulism. In this state, he assured us, that he should return to bed without the use of his crutches, without support. Upon awaking, he asked for his crutches,—we told him that he had no longer any need of them. In fact, he rose, supported himself on the paralyzed leg, passed through the crowd who followed him, descended the step of the *chambre d'expériences*, crossed the second court de la Charité, ascended two steps; and when he arrived at the bottom of the stair, he sat down. After resting two minutes, he ascended, with the assistance of an arm and the balustrade, the twenty-four steps of stairs which led to the room where he slept, went to bed without support, sat down again for a moment, and then took another walk in the room, to the great astonishment of all the other patients, who, until then, had seen him constantly confined to bed. From this day, Paul never resumed his crutches.

"Your committee assembled again on the 11th of October following, at the Hôpital de la Charité. Paul was magnetised, and he announced to us that he should be completely cured at the end of the year, if a seton were placed two inches below the region of the heart. At this sitting, he was repeatedly pinched, pricked with a pin, to the depth of a line, in the eyebrow and in the wrist, without producing any symptom of sensibility.

"Upon the 16th of October, M. Fouquier received a letter from the *conseil général des hospices*, requesting him to suspend the experiments which he had commenced at the Hôpital de la Charité. We were obliged, therefore, to interrupt this magnetic treatment, the efficacy of which our paralytic patient said he could not sufficiently praise. M. Foissac procured his dismissal from the hospital, and placed him in the street Des Petits Augustins, No. 18, in a private apartment, where he continued the treatment.

"Upon the 29th of the same month, your committee met at the apartment of the patient, in order to examine into the progress of his cure; but before he was magnetized, they ascertained that he walked without crutches, and more firmly, to all appearance, than at the preceding sitting. We then made him try his strength upon the dynamometer. When pressed by the right hand, the hand of the instrument indicated thirty kilogrammes, and by the left, twelve. The two hands united caused it to mount to thirty-one. He was magnetized. In four minutes somnambulism was manifested, and Paul assured us that he should be completely cured upon the 1st of January. We tried his strength: the right-hand carried the hand of the dynamometer to twenty-nine kilogrammes (one less than before his sleep), the left hand (the paralyzed one), to twenty-six (fourteen more than before his sleep), and the two hands united to forty-five (fourteen more than before).

"While still in the state of somnambulism, he rose to walk, and got over the ground cleverly. He hopped upon the left foot. He knelt down on the right knee; then rose up, supporting himself with the left-hand upon one of the assistants, and resting the whole weight of his body upon the left knee. He took and lifted up M. Thillaye, turned him round, and sat down with him on his knees. He drew the dynamometer with all his strength, and made the scale of traction (*échelle de traction*) mount to sixteen myriagrammes. At our request that he would go down stairs, he rose quickly from his elbow-chair, took the arm of M. Foissac, which he quitted at the door, descended and ascended the stairs, two or three at a time, with a convulsive rapidity, which, however, he moderated when he was bid to take them one by one. As soon as he awoke, he lost this astonishing augmentation of strength; in fact, the dynamometer then indicated no more than 3¾ myriagrammes, i.e. 12¼ less than when asleep. His walk was slow, but sure; he could not sustain the weight of his body on the left leg (the paralyzed one), and he made an ineffectual attempt to lift up M. Foissac.

"We ought to remark, gentlemen, that a few days before this last experiment, the patient had lost two pounds and a half of blood, that he had still two blisters on his legs, a seton in the nape of the neck, and another on the breast; consequently, you will perceive along with us what a prodigious increase of strength magnetism had produced in the diseased organs, that of the sound organs remaining the same, seeing that, during the whole time the somnambulism continued, the total strength of the body was more than quadrupled.

"After this, Paul renounced all medical treatment, wishing to be magnetized only; and, towards the end of the year, as he expressed a wish to be placed and kept in a state of somnambulism, in order to complete his cure by the first of January, he was magnetized upon the 25th of December, and continued in a state of somnambulism until the 1st of January.

"During this period, he was awakened about twelve hours, at unequal intervals; and in these short moments he was made to believe that he had been only a few

hours asleep. During the whole of his sleep, his digestive functions were performed with an increased activity.

"He had been asleep three days, when, in company with M. Foissac, he set out on foot, on the 28th of December, from the street Mondovi, and went in search of M. Fouquier at the Hôpital de la Charité, where he arrived at nine o'clock. He recognised there the patients near whom he had slept before his discharge, the pupils who were upon duty in the room, and he read with his eyes closed, a finger having been applied to each eyelid, some words which were presented to him by M. Fouquier. All that we had witnessed appeared to us so astonishing, that your committee, being desirous of following out the history of this somnambulist to the end, again met, upon the 1st of January, in the house of M. Foissac, where we found Paul asleep since the 25th of December. Fifteen days before, he had taken out the setons in the neck and the breast, and had established, on the left arm, a cautery, which he was to continue all his life. Moreover, he declared that he was now cured, that, unless guilty of some imprudence, he should live to an advanced age, and that he should die, at last, of an attack of apoplexy. While still asleep, he went out of the house of M. Foissac, and walked and ran along the street with a firm and assured step. Upon his return, he carried, with the greatest facility, one of the persons present, whom he could scarcely have lifted before he was set asleep.

"Upon the 12th of January, your committee met again at the house of M. Foissac, where there were present M. E. Lazcase, deputy, M. De ——, aide-de-camp to the king, and M. Segalas, member of the academy. M. Foissac told us that he was going to set Paul asleep, that in this state of somnambulism a finger should be applied to each of his closed eyes, and that, in spite of this complete closure of the eyelids, he should distinguish the colour of cards, that he should read the title of a work, and even some words or lines pointed out at random in the body of the work. At the end of two minutes of magnetic manipulations, Paul fell asleep. The eyelids being kept closed, constantly and alternately by MM. Fouquier, Itard, Marc, and the reporter, there was presented to him a pack of new cards, from which the paper covering bearing the government stamp was torn off. The cards were shuffled, and Paul easily and successively recognised the King of Spades, the Ace of Clubs, the Queen of Spades, the Nine of Clubs, the Seven of Diamonds, and Queen of Diamonds, and Eight of Diamonds.

"While his eyelids were kept closed by M. Segalas, there was presented to him a volume which the reporter had brought along with him. He read upon the title-page, *Histoire de France*.* He could not read the two intermediate lines, and upon the fifth he read only the name Anquetil, which is preceded by the preposition *par*. The book was opened at the 89th page, and he read in the first line—'*le nombre de ses*'—he passed over the word *troupes*, and continued—'*Au moment où on le croyait occupè des plaisirs du carnaval.*' He also read the running title '*Louis*,' but could not read the Roman cipher which follows it. A piece of paper was presented to him, upon which were written the words '*Agglutination*' and '*Magnetisme Animal*.' He spelt the first, and pronounced the two others. Finally, the *procés-verbal* of this sitting was presented to him, and he read very distinctly the date and some words which were more legibly written than the others. In all these experiments the fingers were applied to the whole of the commissure of both eyes, by pressing down the upper upon the under eyelid, and we remarked that the ball of the eye was in a constant rotatory motion, and seemed directed towards the object presented to his vision.

"Upon the 2nd of February, Paul was placed in a state of somnambulism in the house of Messrs. Scribe and Bremard, merchants, Street St. Honoré. The reporter of the committee was the only member present at this experiment. The eyelids were closed as before, and Paul read, in the work entitled *The Thousand and one Nights*, the title-page, the word '*preface*,' and the first line of the preface, with the exception of the word '*peu*.' There was also presented to him a volume entitled, '*Lettres de deux Amies, par Madame Campan*.' He distinguished on a print the figure of Napoleon; he pointed out the boots, and said that he also saw two female figures. He then read currently the four first lines of the third page with the exception of the word '*raviver*.' Finally, he recognised, without touching them, four cards, which were successively presented to him two and two—these were the King of Spades and the Eight of Hearts, the King and Queen of Clubs.

"At another sitting, which took place upon the 13th of March following, Paul attempted in vain to distinguish different cards which were applied to the pit of the stomach; but he read, with his eyes still

* "Histoire de France depuis les Gaulois jusqu'à la mort de Louis XVI. par Anquetil. 13 vol. 8vo. Paris, 1817.

"The passage read by Paul is to be found upon the 89th page of the 7th volume."

closed, in a book opened at random, and, at this time, it was M. Jules Cloquet who kept his eyes shut. The reporter also wrote upon a slip of paper the words, '*Maximilien Robespierre*,' which he read equally well."

This extraordinary relation does not, as has been intimated, stand alone. It is accompanied by two cases, yet more curious, if an increase of that quality be possible on this occasion. In the following instance the faculty of foresight relative to relief from disease, was still further developed in a man who (say the Committee) was "very ignorant, and who, assuredly, had never heard of animal magnetism:"—

Attacks of Epilepsy.—Performance of Magnetism and production of Somnambulism.—Exact Prediction of future Fits by the Patient.—Prediction of Insanity and Cure.—Intervention of a Fatal Accident.

"Pierre Cazot, aged 20 years, by trade a hatter, born of an epileptic mother, had been subject for ten years to attacks of epilepsy, which occurred five or six times a week, when he was admitted into the Hôpital de la Charité about the beginning of the month of August, 1827. He was immediately subjected to the magnetic treatment, was set asleep at the third sitting, and became somnambulist at the 10th, which took place upon the 19th of August. It was then, at nine o'clock in the morning, that he announced to us that at four o'clock of the afternoon of that day, he should have an attack of epilepsy, but that it might be prevented by magnetizing him a little previously. We preferred verifying the exactness of his prediction, and no precaution was taken to prevent its fulfilment. We contented ourselves with observing him without exciting in him any suspicion. At one o'clock he was seized with a violent headach. At three he was obliged to go to bed, and precisely at four the fit came on. It lasted five minutes. On the second day following, Cazot, being in a state of somnambulism, M. Fouquier suddenly thrust a pin of an inch in length between the fore-finger and thumb of his right-hand; with the same pin he pierced the lobe of his ear; his eyelids were separated, and the conjunctiva struck several times with the head of a pin, but the patient did not manifest the slightest sign of sensibility. Your committee repaired to the Hôpital de la Charité upon the 24th of August at nine o'clock in the morning, in order to witness the experiments which M. Fouquier, one of its members, proposed to continue to make upon this patient. M. Foissac, who had already magnetized him, placed himself opposite, and at the distance of six feet from Cazot; he looked steadily at him, made use of no manipulations, preserved absolute silence, and Cazot fell asleep in eight minutes. Three times there was placed under his nose a bottle filled with ammoniac: his face coloured, his respiration increased, but he did not awake. M. Fouquier thrust into his forearm a pin of an inch in length. Another was introduced to the depth of two lines obliquely under the breast-bone (sternum); a third also obliquely, at the pit of the stomach; a fourth perpendicularly into the sole of the foot. M. Guersent pinched him in the forearm, so as to produce a livid spot in the skin; M. Itard leant upon his thigh with the whole weight of his body. We endeavoured to produce tickling by bringing a small piece of paper under the nose and conducting it along the lips, the eyelids, the eyelashes, the neck, and the sole of the foot. Nothing could awaken him. We pressed him with questions.

"'How long will your fits continue?' 'For a year.'

"'Do you know whether they will follow close upon each other?' 'No.'

"'Will you have any this month?' 'I shall have one on Monday the 27th, at twenty minutes from three o'clock.'

"'Will they be severe?' 'Not half so severe as the one I had last.'

"'Upon what other day will you have another attack?' After exhibiting some symptoms of impatience, he answered—'Fifteen days hence,' i. e. on the 7th of September.

"'At what hour?' 'At ten minutes before six in the morning.'

"The indisposition of one of Cazot's children obliged him to leave the hospital this very day, the 24th of August. Maison agreed to make him return on the morning of Monday the 27th, in order that we might have an opportunity of observing the fit, which he told us was to take place that day at twenty minutes to three. The keeper having refused to admit him when he presented himself, Cazot went to the house of M. Foissac to complain of this refusal. The latter told us that he preferred putting a stop to this fit by magnetism, than to be the sole witness of it: consequently, we could not ascertain the exactness of this prevision. But we had still to observe the fit which he had announced for the 7th of September, and M. Fouquier, who procured for Cazot admission into the hospital upon the 6th, under the pretext of subjecting him to

some treatment which could not take place out of the establishment, made him be magnetized, in the course of the day, by M. Foissac, who set him asleep by the mere influence of his volition, and his fixed look. In this sleep, Cazot repeated that he should have an attack next day at ten minutes to six, and that it might be prevented by magnetizing him a little before.

"Upon a signal agreed upon and given by M. Fouquier, M. Foissac, of whose presence Cazot was ignorant, awakened him, as he had set him asleep, by the mere influence of his volition, in spite of the questions we addressed to the somnambulist, the only object of which was to conceal from him the moment when he was to be awakened. In order to witness the second fit, your committee met, at a quarter before six of the morning of the 7th September, in the Salle St. Michel of the Hôpital de la Charité. There we learnt that, upon the previous evening at eight o'clock, Cazot had been seized with a pain in his head, which had tormented him all night; that this pain had caused the sensation of the ringing of bells, and that he had experienced shooting pains in the ears. At ten minutes to six, we witnessed the epileptic fit, characterised by rigidity and contraction of the limbs, the repeated projection and jerking back of the head, the arched curvature of the body backwards, the convulsive closing of the eyelids, the retraction of the ball of the eye towards the upper part of the orbit, sighs, screams, insensibility to pinching, squeezing of the tongue between the teeth. All these symptoms continued five minutes, during which there were two short intervals of remission, each of some seconds; and afterwards there ensued a relaxation (*brisement*) of the limbs, and general lassitude.

"Upon the 10th of September, at seven o'clock in the evening, your committee met at the house of M. Itard, in order to continue their experiments upon Cazot. The latter was in the parlour, where we entered into conversation with him, and kept it up until half-past seven,—the period at which M. Foissac, who had arrived after us and remained in the ante-chamber, which was separated from the parlour by two closed doors, and at a distance of twelve feet, began to magnetise him. Three minutes after, Cazot said, 'I believe M. Foissac is there, for I feel myself stupified' (*abasourdi*). At the end of eight minutes he was set completely asleep. We questioned him, and he again assured us, that in three weeks from that day, i. e. upon the 1st of October, he should have an epileptic fit at two minutes before noon.

"We made it our business to observe, with as much care as we had done upon the 7th of September, the epileptic fit which he had predicted for the 1st of October. For this purpose, the committee repaired at half-past eleven upon that day to the house of M. Georges, hat-manufacturer, Rue de Menetriers, No. 17, where Cazot resided, and followed his employment. We learnt from this M. Georges, that Cazot was a very steady workman; that his conduct was excellent, and that, whether from simplicity of character, or from moral principle, he was incapable of lending himself to any kind of fraud; that Cazot, feeling himself indisposed, had remained in his room, and was not at work; that he had experienced no attack of epilepsy since that which the committee had witnessed at the Hôpital de la Charité; that there was now in company with Cazot an intelligent man, whose veracity and discretion might be depended upon, and that this man had not announced to Cazot that he had predicted an attack upon this day; that it appeared certain that, since the 10th of September, M. Foissac had communication with Cazot, but from this no inference could be drawn that he had reminded him of his prediction; on the contrary, M. Foissac appeared to attach very great importance to its being concealed from Cazot. M. Georges, at five minutes before noon, went up to a room situated under that inhabited by Cazot; and a minute afterwards, he came to inform us that the fit had commenced. We all went up in haste, MM. Guersent, Thillaye, Marc, Guineau, de Mussy, Itard, and the reporter, to the sixth story, where, upon our arrival, the watch of one of the committee indicated a minute before noon, true time. Assembled round the bed of Cazot, we found the epileptic fit characterised by the following symptoms. Tetanic rigidity of the trunk and limbs, the head and sometimes the trunk bent backwards, a convulsive drawing upwards of the balls of the eyes, of which nothing was to be seen but the white, a very decided suffusion of the face and neck, contraction of the jaws, partial fibrillary convulsions in the muscles of the fore-arm and of the right arm. Soon afterwards, opisthotonos, so decided that the trunk was bent back into the arc of a circle, the body resting only on the head and feet, which motions were terminated by an abrupt relaxation. A few moments after this attack, i. e. after a minute's respite, another fit came on similar to the preceding. There were inarticulate sounds, the respiration was stifled and tremulous, the larynx being rapidly depressed and elevated, and the pulse beating from 132 to 160. There

was no foam at the mouth, nor contraction of the thumb towards the palm. At the end of six minutes, the fit terminated with sighs, sinking down of the limbs, opening of the eyelids, which allowed him to look upon the bystanders with an air of astonishment, and he told us that he was lamed (*courbaturé*) especially in the right arm.

"Although the committee could entertain no doubt as to the very decided effects which magnetism produced upon Cazot, even without his knowledge, and at a certain distance, we wished to have still another proof of its influence. And as it had been proved at the last sitting that M. Foissac had had communication with him, and might have reminded him of his having predicted the attack which was to take place on the 1st of October, the committee in making new experiments upon Cazot, wished to lead M. Foissac into an error with regard to the day which the patient should predict as that of his next attack. In this way we should prevent every species of collusion, even if it could be supposed that a man whom we had always found to be upright and conscientious would enter into a compact with another, destitute of education and knowledge, in order to deceive us. We confess that we could never entertain an idea so injurious to one and the other; and we must render the same justice to MM. Dupotet and Chapelain, of whom we have repeatedly had occasion to speak in this report.

"Your committee, then, met in the cabinet of M. Bourdois, upon the 6th of October at noon, at which hour Cazot arrived there with his child. Here M. Foissac had been invited to meet us at half-past twelve; he arrived unknown to Cazot, and remained in the drawing-room, without having any communication with us. A person, however, was sent by a concealed door to tell him that Cazot was seated on a sofa about ten feet distant from a closed door, and that the committee requested that he might be set asleep and awakened at this distance, he remaining in the cabinet, and M. Foissac in the drawing-room.

"At thirty-seven minutes past twelve, while Cazot was engaged in conversation with us, and in examining the pictures which hung round the cabinet, M. Foissac commenced his magnetic operations in the next room, and we remarked that, at the end of four minutes, Cazot winked slightly, appeared restless, and at length in nine minutes, fell asleep. M. Guersent, who had attended him at the Hôpital des Enfants for his epileptic attacks, asked him if he recognised him. He answered in the affirmative. M. Itard asked him when he should have another fit. He answered, that he should have one in four weeks from that day (the 3rd of November), at five minutes past four in the afternoon. He was then asked when he should have another. He answered, after collecting himself and hesitating, that it would be five weeks after the preceding, upon the 9th of December, at half-past nine in the morning.

"The *procès-verbal* of this meeting having been read over in presence of M. Foissac, in order that he might sign it along with us, we wished, as we have said above, to lead him into error; and in reading it over to him before getting it signed by the members of the committee, the reporter read, that Cazot's first fit should take take place upon Sunday the 4th of November, instead of Saturday the 3rd, as predicted by the patient. He was equally deceived in regard to the second fit, and M. Foissac took a note of these false indications as if they had been correct; but some days afterwards, having placed Cazot in a state of somnambulism, as he was accustomed to do, in order to free him from his headachs, he learnt from him that the fit should take place upon the 3rd, and not the 4th, and of this he informed M. Itard, believing that an error had crept into our *procès-verbal*.

"In order to observe the fit of the 3rd of November, the committee took the same precautions as in examining that of the 1st of October. At four o'clock in the afternoon, we repaired to the house of M. Georges where we learnt from him, from his wife, and from one of the workmen, that Cazot had wrought, as usual, all the morning until two o'clock, and that, at dinner, he had felt a headach; that, nevertheless, he had gone down for the purpose of resuming his work; but that the headach had increased, and having experienced a stupor, he had returned to his room, lain down in his bed and fallen asleep. MM. Bourdois, Fouquier, and the reporter, then went up, preceded by M. Georges, to Cazot's room. M. Georges entered alone, and found him in a profound sleep, which he made us observe by the door upon the stair being left a-jar. M. Georges spoke loud to him, moved him, shook him by the arms, without being able to awaken him, and at six minutes past four, in the midst of these attempts to awaken him, Cazot was seized with the principal symptoms which characterize a fit of epilepsy, and in all respects similar to those which we had previously observed.

"The second fit announced at the sitting of the 6th of October, to take place

upon the 9th of December, i.e. two months before, occurred at a quarter from ten, instead of half-past nine, a quarter of an hour later than had been predicted, and was characterized by the same precursory phenomena, and by the same symptoms as those of the 7th of September, 1st of October, and 3rd of November.

"Finally, upon the 11th of February, Cazot foretold the period of another fit, which was to take place upon Sunday the 22nd of April, five minutes after noon, and this annunciation was verified, like the preceding, within about five minutes, that is to say, the fit took place ten minutes after noon. This fit, remarkable for its violence, for the fury with which Cazot bit his hand and his fore-arm, by the abrupt and repeated starts with which he lifted himself up, lasted thirty-five minutes, when M. Foissac, who was present, magnetized him. The convulsive state soon ceased, and gave way to the magnetic somnambulism, during which Cazot rose, sat down upon a chair, and said that he was much fatigued, that he should still have two fits,—one in nine weeks from to-morrow (25th of June), at three minutes past six o'clock. He did not wish to speak of the second fit, because it would be necessary for him to think of what was to happen previously (at this moment he sent away his wife, who was present), and he added that, about three weeks after the fit of the 25th of June, he should become insane, that his insanity would last three days, during which he should be so wicked as to fight with every body, that he should even maltreat his wife and his child, that he ought not to be left alone with them, and that he did not know but he might kill some person whom he did not name. He ought then to be bled successively in the two feet. Finally, he added: 'I shall be cured in the month of August; and when once cured, the disease will never attack me again under any circumstances.'

"It was upon the 22nd of April that all these predictions were made; and two days afterwards, the 24th, Cazot, attempting to stop a spirited horse who had taken the bit in his teeth, was thrown against the wheel of a cabriolet, which shattered the arch of the left orbit, and bruised him shockingly. He was taken to the Hôpital Beaujon, and died there upon the 15th of May. Upon opening his skull, there were found a recent inflammation of the cerebral membranes (*meningitis*), a collection of purulent matter under the integuments of the cranium, and at the extremity of the plexus choroides, a substance yellow within and white on the outside, containing small hydatids."

The Committee attach some remarks and arguments favourable to the honesty and worthiness of this case; but as our extracts occupy so large a space, and their "reflections" are simply such as will be likely to strike every one who peruses the case, we shall not subjoin them here. We are only anxious to diffuse amongst the profession in England well-testified facts. The case next related, awakened in the Committee a new species of interest. Here the magnetized person, involved in somnambulism, pointed out the true seat, nature, and proper treatment, of diseases in others.

Simple Somnambulism in a Healthy Female, and correct decisions made by her on the Diseases of others.—Her Diagnosis and Prognosis in the Case of one of the Committee.—The same in two Patients of the Committee's Reporter.

"Mademoiselle Celine Sauvage was placed in a state of somnambulism, in presence of the committee, on the 18th and 21st of April, the 17th of June, the 9th of August, the 23rd of December 1826, and 13th and 17th of January and 21st of February 1827.

"In passing into the state of somnambulism, she experienced a coolness of several degrees, appreciable by the thermometer; her tongue, from being moist and flexible, became dry and wrinkled; her breath, until then sweet, became fetid and repulsive.

"The sensibility was almost entirely annihilated during the continuance of her sleep, for she made six inspirations, having a bottle filled with hydrochloric acid under her nostrils, without manifesting any emotion. M. Marc pinched her wrist; a needle used in acupuncture was thrust to the depth of three lines into her left thigh; another, to the depth of two lines into her left wrist. These two needles were united by means of a galvanic conductor; very perceptible convulsive motions were produced in the hand; and Mademoiselle Celine seemed quite unconscious of all that was done to her. She heard the voices of persons who spoke close to her and touched her, but she did not remark the noise of two plates which were broken beside her.

"It was while she was sunk in this state of somnambulism, that the committee recognised in her three times the faculty of discoursing upon the diseases of other persons whom she touched, and of pointing out the appropriate remedies.

"The committee found, amongst its own

members, one who was willing to submit to the investigations of this somnambulist. This was M. Marc. Mademoiselle Celine was requested to examine attentively our colleague's state of health. She applied her hand to his forehead, and to the region of the heart, and in the course of three minutes she said, that the blood had a tendency to the head; that, at that moment, M. Marc had pain on the left side of this cavity; that he often felt an oppression, especially after having eaten; that he must often have a slight cough; that the lower part of the breast was gorged with blood; that something impeded the alimentary passage; that this part (pointing to the region or the xiphoid cartilage) was contracted; that to cure M. Marc, it was necessary that he should be copiously bled; that cataplasms of hemlock should be applied, and that the lower part of the breast should be rubbed with laudanum; that he should drink gummed lemonade; that he should eat little and frequently, and that he should not take exercise immediately after having made a meal. We were anxious to learn from M. Marc whether he experienced all that this somnambulist had announced. He told us that, in reality, he felt an oppression when he walked upon leaving the table; that, as she announced, he frequently had a cough; and that, before this experiment, he had felt pain in the left side of the head, but that he was not sensible of any impediment in the alimentary passage.

"We were struck with this analogy between the feelings of M. Marc and the announcement of the somnambulist; we noted it with care, and awaited another opportunity of procuring a new confirmation of the existence of this singular faculty. This opportunity was presented to the reporter, without his having sought it, by the mother of a young lady, whom he had attended for a very short time. The patient was from twenty-three to twenty-five years of age, and had been afflicted, for about two years, with dropsy of the abdomen (*ascites*), accompanied with a number of obstructions, some of the size of an egg, some of the size of the fist, others as large as a child's head, which were situated principally on the left side of the belly. The belly externally was unequal and corrugated, and these inequalities corresponded to the obstructions which had their seat within the abdomen. M. Dupuytren had already punctured this patient ten or twelve times, and had always withdrawn a large quantity of clear, limpid albumen, without smell, and without any mixture. An alleviation of the symptoms always followed this operation. The reporter was once present at this operation, and it was easy for M. Dupuytren and him to ascertain the size and the hardness of these tumours, and, consequently, to become sensible of their inability to cure this patient. Nevertheless, they prescribed different remedies, and they attached some importance to the putting Mademoiselle ——— upon a regimen of goat's milk, the goat having been previously subject to mercurial frictions. Upon the 21st of February 1827, the reporter went in search of M. Foissac and Mademoiselle Celine, and conducted them to a house in the street of the *Faubourg du Roule*, without mentioning the name, or the residence, or the nature, of the disease of the person whom he wished to submit to the examination of the somnambulist. The patient did not appear in the room where the experiment was made until M. Foissac had set Mademoiselle Celine asleep, and then, after having placed a hand of the one in that of the other, she examined her during eight minutes, not as a physician would do, by pressing the abdomen, by percussion, by scrutinizing it in every way, but merely by applying her hand repeatedly to the stomach, the heart, the back, and the head. Being interrogated as to what she observed in Mademoiselle ———, she answered that the whole belly was diseased, that there was in it a scirrhus and a large quantity of water on the side of the spleen, that the intestines were very much puffed up, that there were pouches containing worms, that there were swellings of the size of an egg, containing a puriform matter, and that these swellings must be painful; that at the bottom of the stomach there was an obstructed gland (*glande engorgée*) of the thickness of three of her fingers; that this gland was in the interior of the stomach, and must injure the digestion; that the disease was of old standing; and, finally, that Mademoiselle must have headachs. She prescribed the use of a diet-drink of borage and nitrated Peruvian bark (?) (*chiena ennitrée*), five ounces of the juice of parietary taken every morning, and a very little mercury taken in milk. She added, that the milk of a goat, which had been rubbed with mercurial ointment half an hour before drawing it off, would be the most proper.* Besides, she prescribed cataplasms of

* Without attaching much importance to this singular agreement between the prescription made by the somnambulist of the milk of a goat rubbed with mercurial ointment, and the same prescription recommended to the patient by M. Dupuytren and the reporter, the committee were bound to notice this coincidence, in their Report. It is presented as a fact, of which the reporter guarantees the authenticity, but of which no explanation can be given."

flowers of elder constantly applied to the belly, frictions of this cavity with oil of laurel, or, instead of it, with the juice of this shrub combined with the oil of sweet almonds, a clyster composed of a decoction of Peruvian bark (*kina*) mixed with an emollient decoction. The diet should consist of white meats, milk and flour, and no lemon. She allowed very little wine, a little orange-flower rum, or the liqueur of spiced mint. This treatment was not followed, and if it had, it could not have saved the patient. She died a year afterwards. As the body was not opened, we could not verify what had been said by the somnambulist.

"Upon an occasion of great delicacy, when very able physicians, several of whom are members of the Academy, had prescribed a mercurial treatment for an obstruction (*engorgement*) of the glands of the neck, which they attributed to a syphilitic taint, the family of the patient under this treatment, alarmed at the appearance of some serious consequences, wished to have the advice of a somnambulist. The reporter was called in to assist at a consultation, and he did not neglect to take advantage of this new opportunity of adding to what the committee had already seen. He found the patient to be a young married woman, Madame La C—, having the whole right side of the neck deeply obstructed by a great congeries of glands close upon each other. One of them was opened, and emitted a yellowish purulent matter.

"Mademoiselle Celine, whom M. Foissac magnetised in presence of the reporter, placed herself in connexion with this patient, and affirmed that the stomach had been attacked by a substance *like poison*; that there was a slight inflammation of the intestines; that, in the upper part of the neck, on the right side, there was a scrofulous complaint, which ought to have been more considerable than it was at present; that, by following a soothing treatment, which she prescribed, the disease would be mitigated in the course of fifteen days or three weeks. This treatment consisted of some grains of magnesia, eight leeches applied to the pit of the stomach, water-gruel, a saline cathartic every week, two clysters each day—one of a decoction of Peruvian bark (kina), and, immediately after, another, of the roots of the marsh-mallow,—friction of the limbs with ether, a bath every week; food made of milk (*laitage*), light meats, and abstinence from wine. This treatment was followed for some time, and there was a perceptible amelioration of the symptoms. But the impatience of the patient, who did not think her recovery proceeding with sufficient rapidity, determined the family to call another consultation of physicians, who decided that she should again be placed under mercurial treatment. From this period, the reporter ceased to attend the patient; and he learnt that the administration of the mercury had produced very serious affections of the stomach, which terminated her existence after two months of acute suffering. A *procés-verbal* upon opening the body, signed by MM. Fouquier, Marjolin, Cruveillier, and Foissac, verified the existence of a scrofulous or tubercular obstruction of the glands of the neck, two small cavities full of pus, proceeding from the tubercles at the top of each of the lungs; the mucous membrane of the great cul-de-sac of the stomach was almost entirely destroyed. These gentlemen ascertained, besides, that there was no indication of the presence of any syphilitic disease, whether old or recent.

"From the preceding observations it follows, 1. That in the state of somnambulism, Mademoiselle Celine pointed out the diseases of three individuals, with whom she was placed in magnetic connexion; 2. That the declaration of the first, the examination which was made of the other after three punctures, and the post-mortem examination of the body of the third, were found to correspond with the annunciations of the somnambulist; 3. That the different modes of treatment which she prescribed, do not exceed the limits of that circle of remedies with which she might have been acquainted, nor the order of the things which she might reasonably recommend; and, 4. That she applied them with a species of discernment."

The literary labours of the Committee here draw near their termination, and after a repetition of declarations relative to the care and distrust with which they have throughout proceeded, they add the following general opinion on the subject which has so long occupied their attention:—"We may add, that we are far from thinking that we have seen all that magnetism is capable of presenting; we do not, therefore, pretend to desire you to admit, as an axiom, that there is nothing positive in magnetism beyond what we have noticed in our report. Far from setting limits to this part of physiological science, we hope, on the contrary, that a new field has been opened up to it; and, warranting the authenticity of our own observations, presenting them with confi-

dence to those who, after us, may wish to engage in the investigation of magnetism, we shall only deduce from them the following conclusions."—These conclusions we do not feel it necessary to give. They are precisely such as the facts now before our readers appear to justify all impartial men in drawing, and no other. One or two sentences, however, may be appropriately added to what we have already extracted. Thus, the committee say:—

"We only saw one person who fell into somnambulism upon being magnetized for the first time. Sometimes, somnambulism was not manifested until the eighth or tenth sitting."

"While in the state of somnambulism, the patients, whom we have observed, retained the use of the faculties which they possessed when awake. Even their memory appeared to be more faithful and more extensive, because they remembered everything that passed at the time, and every time they were placed in the state of somnambulism."

"Upon awaking, they said they had totally forgotten the circumstances which took place during the somnambulism, and never recollected them. For this fact we can have no other authority than their own declarations."

"Considered as a cause of certain physiological phenomena, or as a therapeutic remedy, magnetism ought to be allowed a place within the circle of the medical sciences; and, consequently, *physicians only should practise it*, or superintend its use, as is the case in the northern countries."

The "Appendix" subjoined by Mr. Colquhoun, contains many curious and interesting statements relative to (in so many words) the faculty, during catalepsy and somnambulism, of seeing and reading with the stomach, fingers, and toes. Start not, gentle reader. After what you have already herein recorded, you may justly be astonished at nought. The report of the French Committee commands us to give attention to much which has hitherto been published, and thrown aside with contempt by disbelievers in animal magnetism. The nature of the almost incredible transference to which this appendix relates, can hardly be better described in few words than we find it in the following passage, extracted from a note at page 225:—

"Van Ghert, in his account of the magnetic treatment of the Demoiselle B., mentions a similar circumstance. In that case, he observed the transference of the faculties to the pit of the stomach; and the patient gave the following description of her feelings:—'When you fix your thoughts intensely upon me, I can see everything; at these times, the eyes and the brain leave my head, and take up their residence beside the stomach. Wonderful as this may appear, I assure you that it is true. When I am startled or you are disturbed, then the eyes and the brain return to my head.'"

For a knowledge of the alleged facts which Mr. Colquhoun has accumulated in this branch of his work, we shall refer the curious to the volume itself, which we now close, having afforded our readers abundant proof of the interesting nature of its contents.

LONDON MEDICAL SOCIETY.

Monday, May 6th, 1833.

Dr. UWINS in and out of the Chair.

THE LATE DR. BABINGTON.

Dr. UWINS (in the absence of Mr. Kingdon) took the chair, and after the minutes of the last meeting had been read, and some new members proposed, rose, passed a eulogy on the late Dr. Babington (who was a member of the Society), and proceeded to inform the assembly, that the Council, on Friday evening last, had resolved that the meetings of the Society should stand adjourned from that time until after the interment of their late associate. This done, Dr. Uwins left the chair, and Mr. HEADLAND, the secretary, stated that the meeting was adjourned.

The members of the Society sat in surprise at this announcement, and apparently ignorant whether they were to depart or not. A considerable pause ensued in consequence, and Dr. Uwins took his hat to leave, when

Mr. HOOPER objected to this proceeding, and expressed his astonishment that no intimation of the Council's decision had been made to the members before they were brought there. No one had a higher respect for Dr. Babington than he, but he thought that respect was due, as well to the members of the Society as to that lamented physician, and on this occasion the Society certainly had not been properly treated.

Mr. BRYANT followed on the same side. He thought that a high mark of respect

would be readily paid by the Society to the memory of Dr. Babington, but that the proceeding of the Council was rather cavalier.

Dr. UWINS (out of the chair) said, that, in fact, the Council would have decided that no meeting should be held to-night at all; but that the gentlemen who were proposed to-night as candidates, would not (owing to the near approach of the close of the session) have become members by the beginning of the next session, had this evening passed without their proposal. For that reason he had just gone through the formality of taking the chair.

Mr. BRYANT insisted that it was the duty of some officer to write to the members with information on the subject.

Mr. HEADLAND said, that this reflection was unjust, as the Council had decided against any notice being sent to the members. There was, however, hardly time for its transmission.

Mr. BRYANT insisted that an interval of twenty-four hours was abundant for that object.

Dr. UWINS still pleaded the disadvantage which an entire postponement would have been to the new candidates.

Mr. HOOPER considered this to be one of numerous evils resulting from the present arrangements of the Council, and reflected severely on their modes of proceeding.

A MEMBER thought, that if the Society had not met, the adjournment would not have been an act of respect on the part of the members, but only on that of the Council.

Mr. LINNACRE said, that he had known what was going to be done, and came down on purpose to show his respect for Dr. Babington by going away again.

Dr. WHITING considered that the act of the Council was no mark of respect whatever towards their deceased friend. The adjournment ought to have emanated from the Society itself, and he therefore begged that the chair might be taken again, and the sense of the members expressed thereon.

Mr. HEADLAND pointed out, that by the laws of the Society the Council had the sole power of managing the affairs of the institution, and were therefore fully justified in what they had done. Moreover, they had drawn up advertisements for the papers, saying what *the Council* had done as a mark of *the Society's* respect for the deceased physician! They made haste to do this, because there was no time to be lost, the period of interment being near.

Mr. DENDY.—Had Dr. Whiting been here sooner, he might have objected to the adjournment before Dr. Uwins left the chair. It seems to me now to be too late to reconsider the matter.

Dr. WHITING.—Well, what has been done as yet is certainly no mark of respect on the part of the Society.

Mr. DENDY.—But it was thought in the Council that the proceeding would have been adopted by the Society as its own, on their recommendation.

Dr. UWINS.—If it be the wish of the members, I will return to the chair and put the question of adjournment.

Mr. DENDY.—But then it ought to be carried unanimously, or the pain which may be occasioned to the feelings of the family of Dr. Babington would be exceedingly deep.

Mr. BRYANT.—Whatever is decided, no one present can for a moment be suspected of entertaining the slightest feeling of disrespect towards the deceased.

Dr. UWINS now took his seat again as president, and after a brief speech in honour of the lamented physician, left the question in the hands of the Society; whereupon

Dr. WHITING said—I rise with feelings of no slight interest to obey what appears to be the call of the President, and am persuaded that every member of the Society goes with me when I say, that whatever mark of respect can be shown to the memory of our departed friend, ought to be paid both by this Society and the whole of the profession. His memory is dear to us all. Most of us have at some time or other had personal experience of his excellent qualities. The tenderness and regard which he evinced towards myself when a pupil, demand that I should ever speak of him with respect and affection, and I shall now propose, that so long as his remains continue above ground, we discontinue our meetings, and that this resolution be recorded in the minutes of the Society.

Mr. DENDY seconded the motion, and reminded the Society, as a proof of the kindness of deceased's feelings, that at a late anniversary festival which Dr. Babington did them the honour to attend, he (Dr. Babington) stated that his motive in coming was that he might shake hands with the only person with whom he had ever had any difference of feeling.

The CHAIRMAN then put the following resolution in form—"That this meeting—agreeing most cordially with the propriety of the resolution passed by the Council—do, as a mark of respect to the memory of their respected friend Dr. Babington, adjourn the meetings of the Society until after the period of his interment." The resolution was carried unanimously, and the meeting separated.

WESTMINSTER MEDICAL SOCIETY.

Saturday, April 27th, 1833.

Dr. JEWEL in the Chair.

OVER-WORKING CHILDREN IN THE FACTORIES.

Mr. MALYN read a well-written paper condemnatory of that invention of human devils, the "factory system." The Society has been once before addressed on this subject by Mr. Malyn, and on both occasions listened to his information and remarks with tokens of warm interest. Two exceptions only existed this evening to the general sympathy which prevailed on behalf of the miserable victims of avarice. The proportion of cold blood, therefore, was small, but the existence even of that quantity in this southerly climate, created surprise.

We shall not give even an abstract of Mr. Malyn's paper. An overwhelming majority of the medical profession are possessed of minds by far too enlarged and benevolent to need a fresh appeal either to their reason or their feelings on this occasion. The wickedness, inhumanity, and impolicy, of the customs which prevail in those hells upon earth—the English factories—need no additional exposition in this quarter.

Dr. COPLAND was amongst the first members who rose to add his curse to the existing system, and declare his approbation of the utmost degree of amelioration yet proposed to the Legislature. He commented warmly on the delay opposed to Mr. Sadler's Bill, by the appointment of the lately-gazetted commission,—that gross "political juggle," —a designation which was cordially applauded by the assembly. The worthy Doctor, was, however, checked in the farther exposition of his opinions on this subject, by the Chairman, on the ground that it would be better for members to confine their remarks to the medical bearings of the case.

Mr. GREENWOOD, however, expressed similar views, and pointed out the folly of instituting a new inquiry into the factory system. He reminded the Society, that as far back as 1819, Sir Robert Peel (*pater*) himself had said, that no fresh evidence was required to prove the necessity of abridging the customary hours of labour, declaring at the same time his opinion, that however greatly machinery might contribute to the increase of English *wealth*, it would assuredly, in the end, prove the most destructive enemy imaginable to English happiness. Mr. Greenwood added, that no competent judge could for a moment doubt that any commission of inquiry whatever, might be readily bamboozled, and cheated at every step, by the factory owners; and that he knew it to be a fact, that the children in the north were at that moment undergoing a regular schooling to deceive the members of the commission as to their actual state and condition.

Mr. COSTELLO observed that if the information communicated by Mr. Greenwood were literally correct, it was most important that it should go forth to the public, in order that the statement might serve to guard the commissioners against entrapment, and that such men as Sir David Barry, seeing the announcement thus made on competent authority at the Westminster Medical Society, might receive it with the attention which was due to the evidence of his medical brethren. It was the duty of the profession to exert its most strenuous efforts in favour of the factory children, who might be justly placed before them in the attitude of the sinking apostle, exclaiming—"Save us, or we perish."

Mr. GILBERT BURNETT stood forward as the apologist of the factory system, on the ground that if the hours of labour were abridged, the children would not earn *a living!* (God! Mr. Burnett, what earn they now?) *Murmurs ran round the room.*

The PRESIDENT addressed a reply to Mr. Burnett, that the children in that case might claim a living from the parish.

Mr. THOMAS KING stepped into the breach from which Mr. Burnett had just fallen, and shared the murmurs of the meeting with him. He advocated the commission, on the ground that Government had not yet sufficient evidence before them to justify an act of legislation on the subject. (Yet eleven thousand questions bearing directly on that subject have been put by a committee of the House of Commons to competent witnesses, and distinctly answered by them in favour of the position assumed in the preamble of Mr. Sadler's Bill!)

Mr. MALYN, in reply, insisted that further evidence of an impartial nature was out of the reach of Government. Even he (Mr. Malyn), extensive and intimate as was his local knowledge of the present horrific system, might be so imposed on by the previously apprised master-manufacturers, that he would be unable from that moment to report facts condemnatory of the existing practices.

At the close of the discussion, Mr. COSTELLO proposed that the Society should pass a resolution adopting the conclusions

in favour of the principle of the Ten-hours Bill, contained in Mr. Malyn's paper. The CHAIRMAN, however, said, that according to the rules of the Society, they could not take that step, but that on his vacating the chair, the gentlemen present might do so as an independent meeting.

Accordingly, some friend of Mr. KING immediately moved that gentleman into the chair (Dr. Jewel having proclaimed the termination of the session, and quitted it), when resolutions to the effect proposed by Mr. Costello were forthwith passed with acclamation, and the meeting separated.

A MEDICO-DRAMATIC SKETCH.

SCENE, *Burgess and Hill's Reading-room.* RODERICK MACLEOD, HARRY EARLE, *and* A MEDICAL REFORMER, *seated at a table.*

REFORMER. (*Turning over the leaves of* THE LANCET.)—Well, I am inclined to hope THE LANCET Gallery of Medical Portraits will do more in the way of accomplishing Medical Reform, than anything which the Editor has ever written on the subject.

RODERICK. (*Affecting an air of surprise.*)—LANCET Gallery of Medical Portraits! What—what—I never before heard of it. Pray what is it?

REFORMER.—Never heard of it! Why then, sir, I presume you do not read the medical periodicals. It is to consist of a series of correct lithographed portraits of the most eminent physicians and surgeons, each to be accompanied by a faithful memoir of the depicted man, detailing his birth, parentage, and education, and all his professional characteristics, whether good or evil. Two are already out—one of Sir William Blizard, the other of Clot-Bey.

RODERICK.—Then the Editor commenced with Sir William, did he? On account of seniority, I suppose?

REFORMER.—Most probably; but yet—

HARRY. (*Interrupting him.*)—No, not on that account, I imagine, but from Sir William's being pre-eminently insulting to the "subordinates," and Mr. Wakley's object being to expose the stupid and the vicious, as well as to immortalize the gifted and the virtuous. As the citizen said of Caius Martius, therefore, he "proceeds against him first because he's a very dog to the commonalty." Mind, I give this opinion *sub rosa*, presuming you are both gentlemen, who, like myself, would disdain to retail private conversation

RODERICK.—Well, this is all new to me. But pray, sir (*addressing himself to* REFORMER), what makes you think this conundrum of Wakley's likely to advance the cause of Medical Reform?

REFORMER.—Why, sir, it requires no Œdipus to foresee that the venal medical Tories—"the men who have made broad their phylacteries, and enlarged the borders of their garments,"—will be so severely dealt with, and their morbid parts so dissected and exposed, that they will stink in the nostrils of the public, who will look upon them as the very maggots of corruption.

RODERICK.—As champion of the conservatives I will stand up in their defence. We have little need, and less probability, of any revolutionary movement in the medical policy of this country.

REFORMER.—The champion of the medical Tories, are you? I really have not the pleasure of knowing you. May I be favoured with your name.

RODERICK.—Most certainly; my name sir is—

HARRY.—Stay, my dear Roderick, stay;—don't allow your candour to exceed your discretion. These are troublesome times, you may involve yourself in a quarrel, and then—

RODERICK.—Well, and what then, Hal? You know my name is no insignificant one, and that I have reason to be proud of it. My name, sir (*to* REFORMER), is Roderick Macleod, and I am editor of the *Medical Gazette*, a fact which although I once refused to acknowledge when an audacious fellow threatened to horsewhip me, I now most readily avow.

REFORMER.—What! are you indeed! I could have had no idea of being in the company of so renowned a personage. Still I must be allowed to think that Medical Reform is imperiously called for, and that the time is not far distant when it will be accomplished, and when the old ladies of Rhubarb-hall, and the shavers of Lincoln's Inn will no longer reel in their unrighteous orgies, like the delirious votaries of the Indian Juggernaut. The plague-spot is upon them; they are a kind of modern Naamans, affected with the scabs of leprosy, who, having been brought before the great high priest of medical Reform, the Editor of THE LANCET, must be dipped in the waters of regeneration before they can be made clean.

HARRY. (*To* REFORMER.)—Do you think, sir, that Mr. Wakley in getting up his biographies will be likely to be influenced by an old grudge? If so, I would call on Fay the dentist, and Macchristie the surgeon, to propitiate him. I fear he is my enemy

REFORMER.—I cannot answer for that. All I can say is, that in your paper-war with Wakley you cut a very sorry figure; and if (as you undoubtedly must have been) you were conscious of being in the wrong, you should not have dared him to the combat. You should have learnt wisdom from Balaam's ass, and turned out of the way when you saw your enemy before you. As it is, perhaps, he may punish you a little more for your old offences; but as for Fay's or Macchristie's good offices, it is unreasonable you should calculate upon them: you know they both gave evidence against you in the affair alluded to.

HARRY.—O dear—O dear—I—I—I—

RODERICK.—Don't be cast down, Hal. I'll help you on; don't look to Macchristie, he's the very man who insulted me, and whom I hampered in the manacles of the law, at Bow-street. Pluck up, my boy, set the medical destructives at defiance—they cannot destroy our popularity, and should not our peace.

REFORMER.—Aye, indeed, you are right. The Mr. Macchristie your friend spoke of, is the self-same gentleman whom you hound down hand and foot at Bow-street, lest he should experimentalize on your frail anatomy, and deal with you as coolly as Magendie did with the greyhound. But you seem merry in the midst of your misfortunes, and you remind me of Sir Thos. More, who is said to have been facetious even on the scaffold.

RODERICK.—I have nothing to make me sad, having no apprehensions for the safety of that cause in which I am embarked. Medical Toryism is based on the rocks of loyalty and legitimacy, and cannot be undermined by the frothy tide of blustering radicalism.

REFORMER.—Well, sir, pray enjoy your equanimity while I admire your eloquence. In your infancy—as in the instance of Plato—a swarm of bees must have settled on your lips, as a presage of your delectable elocution!

HARRY. (*Aside to* RODERICK.)—Come, come, Roderick, we must endeavour to conciliate Wakley, or we hospital nobs will be all sacrificed. (*To* REFORMER.) What think you, sir, will there be any chance of saving the corporations?

REFORMER.—Not the slightest, unless you thoroughly purge them of their old leaven. The same may be said of the hospitals, those modern Golgothas, the places of skulls and numskulls, where almost every medical functionary is a Barabbas.

RODERICK.—How dare you run down the chartered bodies? What have you to say against them individually?

REFORMER.—Don't be so feverish, doctor, and I will tell you. Your College of Physicians is the Hades of the medical world, where Science has long been sacrificed to Mammon, and its wandering ghost is continually being driven away by swarms of lucre-loving Plutonites. The College of Surgeons is a great, filthy, Augean stable, which, although it contains just double as many herds as the King of Elis's contained oxen, has never been cleansed out since its erection, and is now become intolerably offensive from the *rakings* of its self-engendered corruption. The Apothecaries Company is an illiterate, contemptible, junta—its acts stupid and illiberal. Both the Act and the actors, like the melancholy of Jaques, are compounded of many simples. The Legislature, when it granted the former, thought probably that it imitated the wisdom of the Athenians, who passed a law for the admission of old women to medical honours and appointments.

RODERICK, (*Much excited.*)—By Jove, sir, I will not hear—

HARRY.—Stay, doctor. (*To* REFORMER.) Do you think, sir, there would be any chance of making interest with Wakley, so as to get one's self lithographed in THE LANCET without being twitted on those little mistakes and frailties of which few of us have steered clear? I have but little personal vanity, and am not quite so young as I was; still I flatter myself my portrait would be no disgrace to THE LANCET.

REFORMER.—You will doubtless have a place in the gallery, but with what remarks I have no means of knowing. Others exhibited will probably be—"Little Benjamin the ruler,"—and "Robert le Diable," with a few other west-enders.

RODERICK. (*Resuming his composure.*)—Well, Sir, if reform in medicine should take place, I apprehend that, like reform in Parliament, it will effect no good; we should soon relapse into the old system.

REFORMER.—The idea is preposterous, and reminds me of the philosophy of old Chipps, who had a conundrum in his brain that the world turned round, so that after a certain time everything was to happen over again.

RODERICK.—Well, then, I will contend, that should you overturn the present system, the LONDON COLLEGE OF MEDICINE scheme will never be substituted for it.

REFORMER.—You are a prejudiced and interested party, and before you attempt to argue the question, I advise you to imitate the philosopher of old, who, before he engaged in disputation, purged his head with white hellebore, that the corrupt humours of his stomach might not annoy his reasoning faculties.

RODERICK.—Well, well, I concede the

point. But allow me to ask you how the new College is going on.

REFORMER.—Away with your wheedling! Why you are the very counterpart of Sidrophel's Zany, Whackum,

"Whose business 'twas to pump and wheedle,
And men with their own keys unriddle,"

in conjunction with his literary occupation, and his "trade of squandering paper and ink." For the desired information respecting the LONDON COLLEGE OF MEDICINE, I refer you to Lancaster Buildings.

RODERICK.—What! the devil! Why the very first person I should there meet, would be that pugnacious person, my arch enemy, Mr. Macchristie, or Maccrusty, or whatever his name is. The very idea of the thing almost petrifies me.

HARRY.—Poh! Poh! Your quarrel with him was long since, and no doubt but the gentleman has ere this quite forgotten it. As to myself, I shall be guided into joining or supporting the new College entirely by the determination of my professional brethren.

REFORMER.—I don't doubt you; for from what I have heard of you, there is reason to believe you may be led this way or that way with all the ease imaginable. Like the cobbler of Beneventum, you have many handles in your nose.

RODERICK.—I, also, shall probably be influenced in the matter by public opinion. We must all swim with the tide.

REFORMER.—I believe you. Men of your principles can change to as many colours as the dying dolphin. "O, *Mac*, thy slippery turns!"

RODERICK. (*Much disconcerted.*)—Pray, spare your sarcasms. I will this much confess,—that I should have joined Mr. Wakley in his advocacy of the new College, but that he has much abused me; and in allusion to my squabble with Macchristie, has repeatedly called me "a coward." Before this I had the reputation of being a hero.

HARRY.—And he calls me a "cock-sparrow!"

REFORMER.—Coward is a degrading appellation, certainly, and cock-sparrow more so; for, according to the Evangelist, two cock-sparrows are only worth a farthing. Perhaps, however, in future, the conduct of both of you will be such as to ensure you from the Editor of THE LANCET more dignified cognomens. In the mean time, I recommend you to the especial care of that Providence,

"Who sees with equal eye, as God of all,
A hero perish, or a *sparrow* fall."

[*Exeunt Omnes.*

Z.

Wiltshire, April 29th, 1833.

MEDICAL REFORM.

THE THREE "GRADES."—ONE NATIONAL COLLEGE.—A "ROYAL COMMISSION" CONTEMPLATED, TO OBTAIN DELAY.

To the Editor of THE LANCET.

SIR,—You have most ably and most truly pointed out in your last No., that the only influence possessed by the enemies of medical reform, arises from the discordant opinions, and, alas! too frequently, from the selfish views, of those who seek amendment by addressing the legislature and both Houses of Parliament.

The malady is deep-seated. Its existence is admitted by all, yet the patient must be sacrificed because each Doctor insists upon his favourite remedy or plan of treatment, as the only cure!

Our foes are not numerous, but knowing that their strength consists in a perfect union, they have not omitted any means in their power of fomenting those jealousies for which our corporations are so admirably adapted, and by which *they alone* profit. Were the sincere well-wishers of medical improvement each to sacrifice but a little to the common good of their profession, their perfect success would not long be doubtful or incomplete. Such a union would of itself be sufficient to drive from the seat of corruption the vile herd whose only cry is MONEY.

You have too often exposed the absurdity of the prevailing distinctions or "grades," as they are called, to render it necessary for me to add a word on this point. A PHYSICIAN, according to the present system, confines himself exclusively to one branch of the healing art—*internal pathology*. A SURGEON, who, ignorant of medicine, would be scouted as an *empiric* of the lowest grade, has, in addition to this branch of knowledge, to learn surgery, which, in fact, cannot be acquired without many years of hard study. The APOTHECARY, God help him! is obliged to know everything that is comprehended in the whole sphere of medicine!!! thus establishing the fact, that they who learn least are best paid, while they who *know* most, and *practise* most, are, forsooth, the lowest grade!

Can such a state of things be any longer tolerated? Will the general practitioner submit to the absurdity, nay, the disgrace, of being obliged to sell physic instead of being allowed to charge that reasonable remuneration for his services, which the public are ever ready to accord to his merits?

But, Sir, if the evil be admitted, if the propriety of some change were acceded by Parliament, and of this there is no doubt, what suggestions have we to offer towards raising a fabric on such a foundation as will enable the practitioners of medicine to be placed on a footing of respectability equal to that of the law or divinity, to neither of which is it inferior on the score of acquirements, the public good, or Christian benevolence?

To me it appears that medicine and surgery are one and indivisible. They are so, in fact; for the race of exclusive surgeons and pure physicians have both nearly disappeared, and in the person of the general practitioner is combined all that is useful belonging to each. If the facts which I have stated be correct, it follows that the distinctions are those of *name* only, and that there should be but one institution—Hall, or College—for the regulation of medical education. Men's minds will soon show a predilection for some particular branch of the profession; some will still prefer the treatment of internal diseases—others may excel in the art of dismembering his Majesty's subjects; but the mode of regulating these questions, as well as the question of remuneration, and the best system of education, would speedily be settled by a committee of twenty members, chosen by the great body of medical practitioners, from the mass, for their intelligence and independence. We should then no longer hear of a Royal College of Physicians, with a jurisdiction in London only, and known to the profession by no act of public benefit, but only for its exclusiveness. The non-medical education of our universities, and the sacramental test, would no longer form the *physician par excellence*. The trade in living human flesh would cease to be profitable, and the miserable heartburnings and jealousies which at present exist would vanish from amongst us. Perhaps my hopes are too sanguine as to the prospect of speedy amendment, but knowing the means which are now being actively pursued by the College of Surgeons to degrade their members to the level of licentiates, that they themselves may become the "higher" class, or "pure" surgeons, I call upon you and upon the profession to be prepared, for the danger is at hand. *To save their corporate existence another year, the corporations (profiting by recent examples) actually contemplate a* ROYAL COMMISSION *to inquire into the state of the medical profession*!!!

Let none of your readers be deceived. If such a commission be nominated, the chief of its members will be furnished from Pall-Mall-East, or Lincoln's-Inn-Fields; and the minister, on this as on many other occasions, will be made to believe that the members are unexceptionable, and, after the loss of much time, a report of great length will appear, which will tell us all that we know already; and then if it bothers the minister its object is attained. I am, Sir, your obedient servant,

Z. Z. Z.

May 7th, 1833.

THE LANCET.

London, Saturday, May 11th, 1833.

A THOROUGH-bred courtier is, of all animals, the most slippery in executing its multifarious movements. There is no recess too dark to be scanned by this lynx-eyed monster; there is no hill so high that it cannot surmount it; there is no depth into which it refuses to plunge, in order to accomplish either its laudable or its fiend-like purposes. The reputation of man, the interests of man, are used as toys in the paws of this extraordinary creature. Science shrinks from our view under the influence of the courtier's pestiferous breath,—the moral rules which should regulate society are entirely subverted in the efforts made by this monster to acquire for itself power, wealth, and fame.

The castle of royalty, and the mansions of the great officers of state, are the chief scenes of the exploits of this species of animal. In these situations are all those schemes concocted and carried into operation, which are sure to perpetuate the most grievous injuries on the individuals against whom they are directed. How strange and unaccountable it seems, that men who are admired and esteemed for their talents and generous feelings, should be incapable of detecting, and thus neutralizing, the base motives of the corrupt and sordid-hearted courtier!

Although nearly every class of men has suffered, directly and indirectly, from the

crafty and malignant pursuits of the wretches who make "Lords in office" the tools of their infamous designs, yet, probably, there is no profession which has suffered so deeply from this kind of secret influence as that of medicine. When a charter is to be granted, or a bill framed, with a view to effect an improvement in medical government, some designing and intriguing courtier is sure to thrust forward his unwelcome visage, when, by dint of exercising the legerdemain of his art, he either succeeds in erasing that which is useful, or covertly obtains his object by the insertion of that which is baneful. Hence, in casting our eye over those statutes which have avowedly been framed for regulating the conduct of the medical colleges, and for securing the public health, we discover at a glance that they are without unity of purpose, devoid of harmony and design, and disjointed and heterogeneous in the arrangements for their practical operation,—with one solitary exception, however, relating to the whole of these defects;—we allude to their being invariably constructed so as to suit the *private* purposes of the individuals into whose hands are thrown the reins of executive authority. Can it be credited, that in the Apothecaries Act of 1815, there is a clause to empower the worshipful court of that body, to appropriate the funds, the enormous funds, which they receive for licenses, in such manner as the court may think right? "Why, what," exclaimed the members of that honourable court, "is so fit as put-"ting it into our own pockets? What "so effectual towards affording a *just* re-"muneration to meritorious practitioners, "as such an appropriation of the receipts? "What act so beneficial for diffusing a "knowledge of the science of medicine?" Under that most impolitic Act of Parliament, the few members at the head of this company have already been enabled to extract forty thousand pounds from the pockets of medical students. In a precisely similar manner has the College of Surgeons, since the charter of their institution was granted, only thirty-three years back, collected for diplomas, certificates, and by means of an annual tax which they imposed for upwards of twenty years upon those members who had the misfortune to reside within seven miles of the temple of Avarice in Lincoln's-Inn-Fields,—from these sources, we repeat, the Council of the College of Surgeons has received in thirty-three years little less than three hundred thousand pounds. Possibly a far greater sum; but the actual amount shall be ascertained correctly through an application to Parliament.

In return for all this emolument, what have been the achievements, in favour of the profession and the public, of the rulers of these two Companies? Not a single benefit can be named that either of them has accomplished.

The reason of this is sufficiently obvious. The instruments of their installation were, primarily, defective,—ill-designed by the concocters, and ill-examined by the high official personages who caused them to be erected into laws. As a more minute investigation of the defects of the medical statute has led to a determination on the part of the executive government to effect certain changes in our medical constitution, we trust that inquiry *is* the groundwork of all the present proceedings. Otherwise we shall be thrown into new difficulties; and the legal instruments about to be fabricated for our benefit, will do little else than lead to disappointment, or operate by inflicting permanent injury.

We firmly believe that the intentions of the Government in this respect are unequivocally liberal, and perfectly honest. But there are intriguers behind the scenes, whose malevolence and influence alike are to be dreaded. We caution ministers

against legislating on information derived from private sources, unless, indeed, the private information so obtained be sought for amongst the ranks of those members of the profession who *can* have no interest—who *can* have no motive in deceiving the Government—in insulting either branch of the profession—or in giving permanency to disgraceful monopolies.

In short, we dread the influence of *courtiers*, and the more so, as we are given to understand that the LORD CHANCELLOR has been sufficiently ill advised to resign the whole of his ex-officio medical appointments to the PRESIDENT of the COLLEGE OF PHYSICIANS, who, by some means or other, was also enabled to obtain a *carte-blanche* for appointing all the medical professors at the King's College!

Seeing, then, the secret influence that has been at work on a variety of occasions, in withdrawing the minds of the great officers of state from the best interests of the profession, we entreat the Government to act with circumspection—to engage in a broad inquiry on the subject—to break down the clashing interests of the various foul monopolies—to view the whole medical profession AS ONE BODY,—and to regard the science of medicine as calculated to effect one great object,—namely, the preservation of the public health.

What is wanted is this—the institution of THREE GREAT FACULTIES OF MEDICINE—one in the capital of ENGLAND, a second in that of SCOTLAND, and a third in DUBLIN—all to be under precisely the same rules of government.

The examinations for the diploma to be conducted IN PUBLIC, before a medical jury, precisely according to the plan laid down in the regulations of the LONDON COLLEGE OF MEDICINE.

Out of the funds to be derived from the diplomas, a PUBLIC MEDICAL SCHOOL should be established, with free professorships, the chairs of which to be attainable only by means of the *concours*.

The inscription ticket of one faculty should entitle the possessor to admission to every department of the three faculties; and, further, the faculty ticket ought to entitle the student to a free admission into every endowed hospital.

Mark the simplicity of this arrangement! Yet observe how effectual it would prove in providing competent education. Then, as to the rights of practitioners in medicine, let them be precisely identical in England, Ireland, and Scotland, and allow the Fellows of any one Faculty to practise his profession, in every department, in the countries of the other two Faculties. Bind down the retail drug companies to the legal control of the retail dispensers and dealers in drugs, and permit not the Apothecaries Company of London henceforth to exercise its tyrannical and disgraceful dominion over the physicians and surgeons of all our medical and surgical colleges.

A REQUISITION, we understand, is in course of signature calling on the President and Council of the College of Surgeons in Lincoln's-Inn-Fields, to convene a public meeting of the MEMBERS of that Institution, to take into consideration the propriety of addressing the legislature on the proposed purification of the existing medical laws.

THE influenza everywhere commenced abating at the onset of the present fine warm weather.

THE Malignant Cholera is raging with extreme virulence at Lisbon.

THE Commissioners specially appointed by Parliament to be humbugged by the factory owners in the North have reached Manchester, and commenced playing the first scene in the new farce.

MEDICAL REFORM.

(*From a Correspondent.*)

At a meeting of medical practitioners and pupils, held on Tuesday, April 30, at the Theatre of Anatomy and Medicine, Gerrard Street, Soho, for the purpose of considering the present mode of electing medical officers to the public institutions of the country, and of devising means for carrying into effect such plans as may appear best calculated to remove the existing abuses, Dr. GRANVILLE in the chair—

The following resolutions were carried:

1st. Moved by Mr. DERMOTT, seconded by Mr. BUTLER.—*Resolved*, That in the opinion of this meeting, the existing system of electing lecturers to universities and medical offices of every rank, and to hospitals, infirmaries, and dispensaries, is ill-calculated to secure the best and most efficient services to those establishments, to promote the benefit of the patients or pupils, or the advancement of medical science, and is contrary to the best interests of society.

2nd. Moved by Mr. LUNN, seconded by Mr. MORGAN.—*Resolved*, That it is expedient and necessary to establish such a system of examination into the real merits of the candidates for the offices of medical professors, physicians, surgeons, and apothecaries, to universities, hospitals, infirmaries, and dispensaries, in the manner of the concours practised in most of the continental schools of science and medicine, by which every appointment is the result of deliberate and public inquiry into the merits of the candidates, no matter how high in name, rank, or interest, those candidates may be placed at the time of the election.

3rd. Moved by Mr. MACCREA, seconded by Mr. DICKENSON.—*Resolved*, That a petition, signed by all those members of the medical profession who agree in the sentiments contained in the two first resolutions, be addressed to the House of Commons, setting forth the existing disadvantages in the mode of election to the offices enumerated in these resolutions, and the necessity and advantages of establishing a system of concours, or public examination, into the real qualifications of the candidates.

4th. Moved by Mr. MACCARRON, seconded by Mr. MACCREA.—*Resolved*, That in order to prepare such petition, a committee of twelve, consisting of an equal number of gentlemen in practice and of pupils, be appointed, who shall produce such petition at an adjourned meeting.

5th. Moved by Mr. ENSCOE, seconded by Mr. ROBINSON.—*Resolved*, That in order to receive the petition for approval or revision, this meeting do adjourn to Tuesday next, the 7th inst., to meet at some convenient place, to be determined on by the committee, and that publicity to such meeting shall be given by means of advertisements in the public papers and medical journals.

The following committee was appointed:

In Practice.	*Pupils.*
A. B. GRANVILLE, M.D.	Mr. TURNER
G. D. DERMOTT, Esq.	ENSCOE
W. B. COSTELLO, Esq.	ROBINSON
— DICKENSON, Esq.	MACCREA
— KENNEY, Esq.	MACCARRON
W. BUTLER, Esq.	THURNAM

6th. Moved by Mr. LUNN, seconded by Mr. DERMOTT.—*Resolved*, That the cordial thanks of this meeting be offered to the chairman, for the able and impartial manner in which he has occupied the chair this evening, and that he be solicited to preside at the future meeting.

[The meeting on the 7th was held, but we have not had the result communicated to us.—ED. L.]

DERIVATION OF THE TERM "CHOLERA."

To the Editor of THE LANCET.

Sir,—Although engaged in study, we have time occasionally to read your publication, which has frequently afforded us considerable information and amusement.

I could not, however, but feel surprised at the sweeping contradiction given by your Liverpool correspondent to the assertion of your previous correspondent, Mr. Goss, "that cholera was derived from two Hebrew words." Most certainly it is composed of two Hebrew words, חֹלִי *choli*, sickness, a noun, which may be considered to be derived from the verb חָלָה, *he was sick*, and to which if is added the adjective רַע, we have at once a compound Hebraic phrase closely allied in sound and in sense to the Indian and European term *cholera*.

In fact, the objections of your Liverpool correspondent to the opinion of Mr. Goss savour of nothing; everything is in Mr. G.'s favour. The history of the disease; the people among whom the disease first raged, the tribes of Arabia and North

of India; the dialect they speak, a sister language to Hebrew; the emphatic expression itself of the Hebrew word signifying "*a bitter disease*,"—all conspire to confirm the fact, that cholera is a compound Hebrew word. What language of the inhabitants of Europe does it ally itself to, or in any way resemble? Not even the Hindoo tongue. But as we traverse farther north, as we approach the confines of Arabia, where the malady, it is proved, was first introduced to India, centuries past, and where the language more closely resembles Hebrew,—we trace its connexion with the dialect of the inhabitants, and still more clearly when we enter Palestine, where the Hebrew was the vernacular tongue. I am, Sir, your most obedient,

S. M. M.

Cambridge, May 1.

"HEADS!"—Everybody who has been in the operation theatres of our metropolitan hospitals, knows what "Heads!" means. You might have covered nine of them with a lady's handkerchief at St. Thomas's on Friday week (the 3rd inst.), and three-and-twenty with her shawl—Mr. Tyrrell's and the patient's included. The operation was for the cure of fissure of the soft palate, and was witnessed by about 20 out of 50 eagerly-gazing pupils. Over the operation-table stands a board of directions for the arrangement of spectators, and amongst the rules is one which runs thus:—"The pupils and dressers of the operating surgeon are to be permitted to stand on the floor of the theatre." "Other pupils,"—so and so. Now, if from the three-and-twenty "heads" in the area, we except those of the surgeon, the patient, two sisters and two doorkeepers, we shall have seventeen heads left, belonging to pupils and dressers of Mr. Tyrrell—a tolerable proportion for one surgeon, for of course he cannot have a less number than this, seeing that the directions over head are signed by Mr. Tyrrell himself. But when is this grievance to be redressed? When are operations to be conducted in the orderly and becoming manner which is due to the patient, to the dignity of the surgeon, to the rights of the pupils? When is freedom of air to be allowed to the often expiring sufferer, freedom of action to the encumbered operator, freedom of sight to the eager students? For years have these things formed the subject of unheeded complaint; for years has the cry of "heads" been raised in vain. Is it just or decent on the part of those who should enforce the law which they have signed, thus to neglect a rule, the observance of which, at least, is so imperatively demanded?

OUR CONTEMPORARIES.—We feel obliged by the offer of the editors of the —— —— *Medical Journal*, to exchange periodicals; but, as a mere matter of business, we are compelled to decline their polite proposal. Offers of a similar kind have, at various times, been forwarded to us, by, we believe, the conductors of all the medical journals, of any repute, in the world, but we have invariably given one reply—It is not convenient. The pressure of business at THE LANCET Office is great, and as our Journal is sold entirely through the agency of booksellers and newsmen, it would be found particularly inconvenient, or altogether impracticable, to be preparing and dispatching, week after week, and day after day, exchange-parcels for different editors, residing at innumerable places. It is not, we can assure our contemporaries, from any uncourteous feeling towards them, that we decline their friendly offers, but from a necessity created entirely by the business which our publisher is already required to transact.

TO CORRESPONDENTS.

Mr. Calder's case shall appear. We return him our thanks for his expressions of esteem.—We will endeavour to find room in an early Number for *Mr. Bear's* paper.—*Tortora.* A chemist of celebrity is engaged in experiments on the subject.—*Dr. Hutchinson's* paper next week.

Mr. Cow reasserts that his fracture apparatus positively had the unqualified approbation of Mr. Brown, excepting as regards (as before stated) the mode of inflation, and that he (Mr. Cow) had repeated communications with Mr. Brown on the subject.

The letter of a *Student* respecting Mr. Skey and Mr. Stanley, would not, as an anonymous production, exert the influence which our correspondent probably anticipated for it.

We learn by a letter from *Dr. Clanny*, that the influenza has prevailed extensively in Sunderland. Dr. Clanny regards it as exactly corresponding with the epidemic catarrh of 1803. It has in no instance, we believe, terminated fatally in that town.

(From a Correspondent.)—Died, on the 24th ult., of pulmonary consumption, in the 44th year of his age, Dr. John Waldron Watson, M.D., Resident Physician to the Charitable Fund and Dispensary, Fore Street, Cripplegate, leaving a wife and six children in embarrassed circumstances.

J. R. L. No reporter was present from this Journal, and without some account before us of what was really said and done, we are not disposed to admit the criticisms of so energetic a writer as our correspondent. We have read the whole of his letter with attention.